

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90048 012 \*\*\*150.00

**DOCUMENT # P01000045334**



1. Entity Name  
**BRUCE MARINE SALES & SERVICE, INC.**

Principal Place of Business: **4109 SOUTH 50 STR HIGHWAY 41 TAMPA, FL 33619**  
 Mailing Address: **4109 SOUTH 50 STR HIGHWAY 41 TAMPA, FL 33619**

**50660489**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

07282005 Chg-P CR2E034 (10/03)

4. FEI Number: **39-3715730**  
 Applied For: Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DOWD, JEFFREY A PA**  
**550 NORTH RED STREET SUITE 302**  
**TAMPA, FL 33609**

**7. Name and Address of New Registered Agent**

Name: **DELFRID R BEYERS**  
 Street Address (P.O. Box Number is Not Acceptable): **101 FLAMINGO DR STE C**  
**APOLLO BEACH, FL 33572-2600**  
 City: **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **DELFRID R BEYERS**

SIGNATURE: *Delfrid R Beyers - Registered Agent*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: **PSTD**  Delete  
 NAME: **MISTRETTA, LOUIS**  
 STREET ADDRESS: **4109 SOUTH 50 STR. HIGHWAY 41**  
 CITY-ST-ZIP: **TAMPA, FL 33619**

Change  Addition

TITLE:  Delete

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Mistretta* **8/5/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #