

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000058463

1. Entity Name
TRITON MARINE OFFSHORE, INC.



Principal Place of Business
1066 ISLAND AVE
TARPON SPRINGS, FL 34689n

Mailing Address
P.O. BOX 0012
OZONA, FL 34660-0012 US

FILED
Feb 19, 2004 08:00 AM
Secretary of State



02152004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3725330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, MICHAEL S
304 HILLPOINT DRIVE
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000058268
02/20/04-80022-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NICHOLS, MICHAEL S
STREET ADDRESS 304 HILLPOINT DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael S. Nichols
President

02/15/04 (727) 938-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #