## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 08:00 AM Secretary of State

| DOCUMENT # P01000076314<br>1. Entity Name<br>F/V MARY V., INC.                                                                                                                                                                             | 1                                                                                                                               |                                                                     |                                                                 | · - Se                                                                   | cretary of State                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 148 STARFISH COURT 14                                                                                                                                                                                                                      | iling Address<br>8 STARFISH COURT<br>ARCO ISLAND, FL 34145                                                                      |                                                                     |                                                                 | -<br>· · · · · · · · · · · · · · · · · · ·                               |                                                                                                                |
|                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                     |                                                                 |                                                                          |                                                                                                                |
|                                                                                                                                                                                                                                            |                                                                                                                                 | . ,                                                                 | 1                                                               | 4-1-1 Harris Maria Maria                                                 |                                                                                                                |
| DO NOT WRITE IN                                                                                                                                                                                                                            | CE                                                                                                                              | 04112005                                                            | No Chg-P                                                        | CR2E034 (10/03)                                                          |                                                                                                                |
|                                                                                                                                                                                                                                            | No.                                                                                                                             | 4. FEI Numbe<br>59-373                                              |                                                                 | Applied For Not Applicable                                               |                                                                                                                |
|                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                     | 5. Certificate                                                  | of Status Desired                                                        | S8.75 Additional Fee Required                                                                                  |
| 6. Name and Address of Current Regist                                                                                                                                                                                                      | ered Agent                                                                                                                      |                                                                     |                                                                 |                                                                          |                                                                                                                |
| SPIEGEL & UTRERA, P.A.<br>1840 SOUTHWEST 22ND STREET                                                                                                                                                                                       | •                                                                                                                               | , , <u>, , , , , , , , , , , , , , , , , </u>                       | DO                                                              | NOT W                                                                    | RITE                                                                                                           |
| 4TH FLOOR                                                                                                                                                                                                                                  | IN THIS SPACE                                                                                                                   |                                                                     |                                                                 |                                                                          |                                                                                                                |
| MIAMI, FL 33145                                                                                                                                                                                                                            |                                                                                                                                 |                                                                     | 114 1                                                           |                                                                          | ACL                                                                                                            |
| <ol> <li>The above named entity submits this statement for the puthe obligations of registered agent.</li> </ol>                                                                                                                           | urpose of changing its register                                                                                                 | ed office or registe                                                | ered agent, or bot                                              | h, in the State of Flo                                                   | rida. 1 am familiar with, and accept                                                                           |
| SIGNATURE Signature, typed or printed name of registered agent and title if                                                                                                                                                                | applicable (NOTE Registere                                                                                                      | d Agent signature requin                                            | ed when reinstating)                                            | . <b>6</b> -                                                             | DATE                                                                                                           |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campalgn Finan Trust Fund Contribution.                                                                                                                    |                                                                                                                                 |                                                                     | 5.00 May Be<br>ided to Fees                                     | U000                                                                     | 00313369<br>5-80119-025_158_75                                                                                 |
| 10. OFFICERS AND DIREC                                                                                                                                                                                                                     | TORS                                                                                                                            | <u> </u>                                                            | <del></del>                                                     |                                                                          |                                                                                                                |
| NAME VITIELLO, MATTHEW F                                                                                                                                                                                                                   | ,                                                                                                                               |                                                                     |                                                                 |                                                                          |                                                                                                                |
| STREET ADDRESS 148 STARFISH COURT CITY-ST-ZIP MARCO ISLAND, FL. 34145                                                                                                                                                                      |                                                                                                                                 | j                                                                   |                                                                 |                                                                          |                                                                                                                |
| TIRE                                                                                                                                                                                                                                       |                                                                                                                                 | ·                                                                   | <del></del>                                                     | 5                                                                        |                                                                                                                |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                     |                                                                                                                                 | 1                                                                   |                                                                 |                                                                          |                                                                                                                |
| CITY-ST-ZIP                                                                                                                                                                                                                                |                                                                                                                                 |                                                                     |                                                                 |                                                                          |                                                                                                                |
| TITLE NAME                                                                                                                                                                                                                                 | AN -                                                                                                                            | 1                                                                   |                                                                 |                                                                          | 1                                                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                             |                                                                                                                                 | ]                                                                   | no                                                              | NOT W                                                                    | RITE                                                                                                           |
| TITLE                                                                                                                                                                                                                                      |                                                                                                                                 | <b>∤</b> .                                                          |                                                                 |                                                                          | Į.                                                                                                             |
| NAME                                                                                                                                                                                                                                       |                                                                                                                                 | j                                                                   | 11/1                                                            | THIS SF                                                                  | ACE                                                                                                            |
| STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                |                                                                                                                                 | 1                                                                   |                                                                 |                                                                          |                                                                                                                |
| TITLE                                                                                                                                                                                                                                      |                                                                                                                                 | 1                                                                   |                                                                 |                                                                          |                                                                                                                |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                     |                                                                                                                                 |                                                                     |                                                                 |                                                                          |                                                                                                                |
| CITY-ST-ZIP                                                                                                                                                                                                                                |                                                                                                                                 | 4                                                                   |                                                                 |                                                                          |                                                                                                                |
| TITLE<br>NAME                                                                                                                                                                                                                              | , ··· -                                                                                                                         | j                                                                   |                                                                 |                                                                          |                                                                                                                |
| STREET ADDRESS CITY-ST. ZIP                                                                                                                                                                                                                |                                                                                                                                 | Į.                                                                  |                                                                 |                                                                          |                                                                                                                |
| 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true a of the corporation of the receiver or trustee empowered changed, or on an attachment with an address, with all | ing does not qualify for the exe<br>nd accurate and that my signa<br>I to execute this report as requi<br>other like empowered. | emption stated in Stated in State shall have the ired by Chapter 60 | Section 119.07(3)(<br>s same legal effec<br>07, Fiorida Statute | i), Florida Statutes. It<br>it as if made under o<br>s; and that my name | further certify that the information path, that I am an officer or director appears in Block 10 or Block 11 if |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_