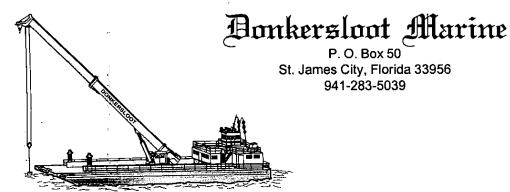
## ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## Jun 23, 2004 8:00 am **Secretary of State DOCUMENT # P01000098143** 06-23-2004 90001 002 \*\*\*150.00 DONKERSLOOT MARINE, INC. Mailing Address Principal Place of Business POST OFFICE BOX 50 2581 BAYBREEZE STREET 54058499 ST. JAMES CITY, FL 33956 ST. JAMES CITY, FL 33956 2. Principal Place of Business Mailing Address Street 2180 Lemon P.O. 00 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 06182004 Chg-P Applied For 4. FEI Number Not Applicable 65-1144265 \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address'(P.O. Box Number is Not Acceptable) DONKERSLOOT, JOHANNES..... 2581 BAYBREEZE STREET ST. JAMES CITY, FL 33956 2180 Lemon Zip Code 33956 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. Donkersloot President SIGNATURE JOHANNES (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete DONKERSHOT, JOHANNES NAME NAME STREET ADDRESS 2581 BAYBREEZE ST STREET ADDRESS CITY-ST-7/P SAINT JAMES CITY, FL 33956 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE DONKERSHOT, DIANE NAME Donkersloot, L 2581 BAYBREEZE ST STREET ADDRESS STREET ADDRESS CITY\_ST-7IP CITY-ST-ZIP SAINT JAMES CITY, FL 33956 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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:

FILED

Attention 1010000 1/1/3 54058499



Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

## To whom it many concern:

We have moved our physical address as noted in the annual report form. We never received the postcard sent out In January according to the person I spoke with today, ( which I assume replaces the yearly form that was usually Sent out). -As per instructed I am enclosing the check for \$150.00 since we did not receive notification in the Form of a postcard this year. We are on an island and the delivery may have been curtailed also due our change of Address: ...

Lesslot, Vice President

941-283-5039

Thank you,

Diane Donkersloot. Vice President