


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90035 008 ***150.00

DOCUMENT # P02000000502 1. Entity Name VAN MARINE SERVICES INC						
Principal Place of Business 530 SW 63 AVE MARGATE, FL 33068			Mailing Address 530 SW 63 AVE MARGATE, FL 33068			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 30099 Suite, Apt. #, etc.				
City & State		City & State SAVANNAH, GA		4. FEI Number 16-1648942		
Zip 31410		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VAN, NICKY 530 SW 63 AVE MARGATE, FL 33068				7. Name and Address of New Registered Agent Name: XXXXXXXXXX Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE: <u>Nicky Van P</u> DATE: <u>2/19/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN, NICKY <input checked="" type="checkbox"/> Delete 307 SW 79 TERRACE NO LAUDERDALE, FL 33068			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN, NICKY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 530 SW 63 AVE MARGATE, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN LINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 530 SW 63 AVE MARGATE, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Nicky Van P</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>2/17/2004</u> (912)313-4316 <small>Date Daytime Phone #</small>		

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