


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000006610</b> 1. Entity Name ASSOCIATED MARINE SALVAGE, INC.	
---	---

Principal Place of Business 1883 NORTHWEST 7TH STREET SUITE 5 MIAMI, FL 33125	Mailing Address 1883 NORTHWEST 7TH STREET SUITE 5 MIAMI, FL 33125
--	--



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0547118	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  OLSON, CHRISTINA L 6180 HARBOR RD PORT ORANGE, FL 32127
--

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PAYNE, HERBERT W 1883 NW 7TH STREET STE 5 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS OLSON, GORDON C 6180 HARBOR RD. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000003580  
01/13/04-80062-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-04 305-644-3034