


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91224 022 ***150.00

DOCUMENT # P02000009226

1. Entity Name
AMERICAN NAUTICAL, INC.



Principal Place of Business
**268 SE 4TH AVE
 POMPAÑO BEACH, FL 33060**

Mailing Address
**268 SE 4TH AVE
 POMPAÑO BEACH, FL 33060**

24066928



2. Principal Place of Business
2519 N. OCEAN BLVD.

3. Mailing Address
2519 N. OCEAN BLVD

Suite, Apt. #, etc.
507

04272004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33431

Country
P.B.C.

4. FEI Number
01-0610612

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**MARTIN, NELSON
 268 SE 4TH AVE
 POMPAÑO BEACH, FL 33060**

7. Name and Address of New Registered Agent

Name
NELSON MARTIN

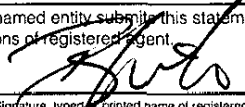
Street Address (P.O. Box Number is Not Acceptable)
2519 N. OCEAN BLVD #507

City
BOCA RATON

State
FL

Zip Code
33431

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  **Nelson Martin, President** **4-28-04**

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

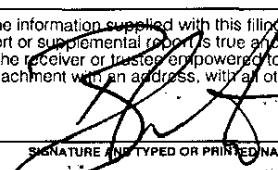
10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME MARTIN, NELSON	
STREET ADDRESS 268 SE 4TH AVE	
CITY-ST-ZIP POMPAÑO BEACH, FL 33060	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON MARTIN	
STREET ADDRESS 2519 N. OCEAN BLVD. #507	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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 another like empowered.

SIGNATURE:  **Nelson Martin, President** **4-28-04** **561-866-2520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #