


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90032 020 \*\*\*150.00

<b>DOCUMENT # P02000028619</b> 1. Entity Name SUPREME MARINE REPAIR & SERVICE, INC.	
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Principal Place of Business 391 SE 13 AVE POMPANO BCH, FL 33060	Mailing Address 391 SE 13 AVE POMPANO BCH, FL 33060
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0651026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SMITH, PAUL B 391 SE 13 AVE POMPANO BCH, FL 33060
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PAUL B 391 SE 13 AVE POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FANNIE E.R. 391 SE 13 AVE POMPANO BCH, FL 33060
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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: *Paul B Smith* **03/1/04** **954-815-6176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #