


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90011 038 ***150.00

DOCUMENT # P02000036175	
1. Entity Name FREPORT SHIPBUILDING HULL #265, INC.	

Principal Place of Business 116 SHIPYARD ROAD FREEPORT, FL 32439	Mailing Address PO BOX 49 FREEPORT, FL 32439
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



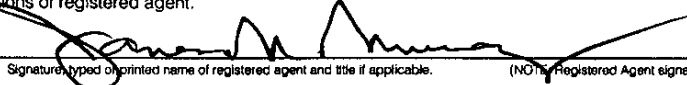
05052005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3640232	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PERRI, DANIEL C 4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579	

7. Name and Address of New Registered Agent	
Name	James M. Murray
Street Address (P.O. Box Number is Not Acceptable)	116 Shipyard Rd.
City	Freeport
State	FL
Zip Code	32439

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  DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MURRAY, GAIL
STREET ADDRESS	POST OFFICE BOX 49
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	D <input type="checkbox"/> Delete
NAME	MURRAY, JAMES
STREET ADDRESS	POST OFFICE BOX 49
CITY-ST-ZIP	FREEPORT, FL 32439
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	116 Shipyard Road
CITY-ST-ZIP	Freeport, FL 32439
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	116 Shipyard Road
CITY-ST-ZIP	Freeport, FL 32439
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 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:  5-6-05 (850)835-4125