2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037471

Entity Name: TOTAL MADINE CADE IN

RIVERVIEW, FL 33568

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Name: TOTAL MARINE CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O LAW OFFICES CURRY & ASSOCIATES PA 750 WEST LUMSDEN ROAD BRANDON, FL 33511 **New Mailing Address: Current Mailing Address:** 9322 SUNNYVALE DR 9322 SUNNYOAK DR RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 FEI Number: 42-1533366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURRY, CLIFTON C JR, ESQ 750 W LUMSDEN ROAD BRANDON, FL 33511 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTD () Delete Title: () Change () Addition BROWN, RICHARD C Name: Name: PO BOX 1990 Address: Address: City-St-Zip: RIVERVIEW, FL 33568 City-St-Zip: Title: **VPSD** Title: () Change () Addition () Delete INGERSOLL, BRYAN M Name: Name: PO BOX 1990 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C BROWN PTD 04/30/2004