

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044281 1. Entity Name TUDEN'S MARINE REPAIR, INC.					
Principal Place of Business 642 NORTH POMPAÑO AVE. SARASOTA, FL 34237		Mailing Address 642 NORTH POMPAÑO AVE. SARASOTA, FL 34237			
2. Principal Place of Business 2041 20th ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8307 62nd Ct. E. <small>Suite, Apt. #, etc.</small> APT 2008			
City & State SARASOTA FL.		City & State SARASOTA FL.		4. FEI Number 81-0547857	
Zip 34243		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUDEN, ROBERT J 642 NORTH POMPAÑO AVE. SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUDEN, ROBERT J 642 NORTH POMPAÑO AVE. SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300041615083 10/05/04--01088--004 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUDEN, BRENDA M 642 NORTH POMPAÑO AVE. SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert J. Tuden</u> 9-30-04 941-954-1603 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

To The Florida Dept of
STATE, I Am Filing Late
due To the Fact I did
Not receive my paper work,
my Address changed.

Thank you
Robert J. Tudor
Robert J. Tudor

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