2004 FOR PROFIT CORPORATION ANNUAL REPORT

-Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P02000066683 1. Entity Name CHRIS HILL MARINE DIESEL SVCS., INC. Principal Place of Business Mailing Address 8170 OKEECHOBEE RD 8170 OKEECHOBEE RD FT PIERCE, FL 34945 FT PIERCE, FL 34945 No Chg-P 04262004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42~1540158 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, CHRISTIAN LEE DO NOT WRITE 8170 OKEECHOBEE RD FT PIERCE, FL 34945 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE Undonot 34659 NAME HILL, CHRISTIAN 04/28/04-80028-017 150.00 STREET ADDRESS 8170 OKEECHOBEE RD CITY-ST-7IP FT PIERCE, FL 34945 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 if amprovered.

NING OFFICER OR DIRECTOR

SIGNATURE:

FILED