


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90093 045 ***150.00

DOCUMENT # P02000085564

1. Entity Name
TOMASI MARINE, INC.



Principal Place of Business Mailing Address
7182 42ND DR N WEST PALM BEACH FL 33404 **7182 42ND DR N WEST PALM BEACH FL 33404**

2. Principal Place of Business 3. Mailing Address
15945 S.W. INDIANWOOD Cir **15945 S.W. INDIANWOOD Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State City & State
INDIANTOWN, FL **INDIANTOWN, FL**
 Zip Country Zip Country
34956 USA **34956 USA**
Mant in **Mant in**

4. FEI Number **56-2255840** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TOMASI, ANGELO
7182 42ND DR NORTH
WEST PALM BEACH FL 33404

7. Name and Address of New Registered Agent
 Name **Angelo A. Tomasi**
 Street Address (P.O. Box Number is Not Acceptable) **15945 S.W. INDIANWOOD Circle**
 City **INDIANTOWN** State **FL** Zip Code **34956**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMASI, ANGELO	
STREET ADDRESS	7192 42ND DR NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMASI, JUDY K	
STREET ADDRESS	7192 42ND DR NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomasi, Angelo	
STREET ADDRESS	15945 S.W. INDIANWOOD Circle	
CITY-ST-ZIP	INDIANTOWN, FL. 34956	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomasi, Judy K.	
STREET ADDRESS	15945 S.W. INDIANWOOD Circle	
CITY-ST-ZIP	INDIANTOWN, FL. 34956	
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 Angelo Tomasi / ANGELO TOMASI Pres. Date 1/23/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phone # 772-597-8690