


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV - J AM 10: 30

<b>DOCUMENT # P02000087389</b> 1. Entity Name 100 FATHOM MARINE, INC.	
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Principal Place of Business 7540 SE GULL WAY HOBE SOUND, FL 33455 US	Mailing Address 7540 SE GULL WAY HOBE SOUND, FL 33455 US
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DO NOT WRITE IN THIS SPACE



09302004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2285910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

LUCAS, ROBERT A  
 7540 SE GULL WAY  
 HOBE SOUND, FL 33455

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100042360961 1/01/04--01064--011 **550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME	P LUCAS, ROBERT A
STREET ADDRESS	7540 SE GULL WAY
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert A Lucas      Date: 10-27-04      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/04