

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90305 032 ***150.00

| | | | |
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| DOCUMENT # P02000094609 1. Entity Name CUSTOM MARINE, INC. | | | |
| Principal Place of Business 1751 S. DIXIE HIGHWAY B-21 & 22 POMPANO BEACH, FL 33060 | | Mailing Address 212 NE 15TH AVENUE POMPANO BEACH, FL 33060 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 1751 S. DIXIE HIGHWAY Suite, Apt. #, etc. B-21+22 City & State POMPANO BEACH, FLORIDA Zip Country 33060 USA | |
| | | | |
| | | 04252004 Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 73-1656835 | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EVANGELISTA, BRUCE 1751 S. DIXIE HIGHWAY B-21 & 22 POMPANO BEACH, FL 33060 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | P EVANGELISTA, BRUCE 8455 S. MIZZEN DRIVE BOYNTON BEACH, FL 33437 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANGELISTA, BRUCE 1751 S. DIXIE HIGHWAY B-21+22 POMPANO BEACH, FLORIDA 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 BRUCE EVANGELISTA 4-25-04 954-640-3535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |