


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000102756 1. Entity Name BIDLACK MARINE CONTRACTING INC.	
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Principal Place of Business 705 S CASEY KEY RD NOKOMIS, FL 34275	Mailing Address 705 S CASEY KEY RD NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4218939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent BIDLACK, MICHAEL D 705 S CASEY KEY RD NOKOMIS, FL 34275	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BIDLACK, MICHAEL 705 S CASEY KEY RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIDLACK, AARON 705 S CASEY KEY RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNOZ, MARCO POLO 385 SHAMROCK BLVD VENICE, FL 34293
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)(f), 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 another like empowered.

SIGNATURE: <u>Michael D. Bidlack</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Michael D. Bidlack</u> Date	<u>941 485 0252</u> Daytime Phone #
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Jan 11/05