

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90381 003 ***150.00

DOCUMENT # P02000105482

1. Entity Name

BLUE MARLIN SEAWALL & REPAIR, INC.



Principal Place of Business

**418 S BARFIELD DR
MARCO ISLAND FL 33942**

Mailing Address

**418 S BARFIELD DR
MARCO ISLAND FL 33942**

14000148

2. Principal Place of Business

118 S. Barfield Dr

3. Mailing Address

118 S. Barfield Dr

Suite, Apt. #, etc.

STE A

Suite, Apt. #, etc.

STE A

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUINN, JEFFREY C
418 S BARFIELD DR
MARCO ISLAND FL 33942**

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

Signature, typed or printed name of registered agent and title if applicable.

(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** ☐ Delete
NAME **MANN, GREG**
STREET ADDRESS **6132 WESTPORT LANE**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VP** ☐ Delete
NAME **VALLADARES, ARAIS**
STREET ADDRESS **5222 TEXAS AVE**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GREG MANN**
STREET ADDRESS **991 VALLEY AVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **VP** ☒ Change ☐ Addition
NAME **ARAI VALLADARES**
STREET ADDRESS **991 VALLEY AVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREG MANN (GREG MANN) 4/16/04 (889) 642-4284