2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P02000132802 TRUNION MARINE DIESEL, INC. Principal Place of Business Mailing Address 2350 SE CORSICA ROAD 2350 SE CORSICA ROAD PT ST LUCIE, FL 34952 PT ST LUCIE, FL 34952 CR2E034 (10/03) 01282004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4229754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATACHA, TIMOTHY M DO NOT WRITE 2350 SE CORSICA ROAD PORT ST. LUCIE, FL 34952 IN THIS SPACE 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 reinstaling) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WATAHA, TIM 2350 SE CORSICA ROAD STREET ADDRESS CITY-ST-ZIP PT ST LUCIE, FL 34952 U00000030665 02/04/04-80105-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-29-04 772-337-737

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