


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 035 ***150.00

DOCUMENT # P03000000054
 1. Entity Name
 LONG POINT MARINE, INC.



Principal Place of Business Mailing Address
 243 BLACKSHEAR DR. 243 BLACKSHEAR DR.
 PARKER, FL 32404 PARKER, FL 32404

44049866



2. Principal Place of Business 3. Mailing Address
 5401A N. Hwy 231 5401A N. Hwy 231
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State City & State
 PANAMA CITY FL 32404
 Zip Country Zip Country
 32404 U.S.A. 32404

4. FEI Number Applied For
 52-2388162 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIBBENS, DONNA-LEE
 243 BLACKSHEAR DR.
 PARKER, FL 32404

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres JOHN H. GIBBENS 243 BLACKSHEAR DR. PANAMA CITY FL 32404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/TRE DONNA-LEE GIBBENS 243 BLACKSHEAR DR. PANAMA CITY FL 32404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John H. Gibbens JOHN H. GIBBENS 7-23-04 850784-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #