

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000003264**

1. Entity Name  
T.S.M. MARINE CONSULTANTS, INC.



Principal Place of Business  
2050 1-104 OLEANDER BLVD.  
FT. PIERCE, FL 34950

Mailing Address  
2050 1-104 OLEANDER BLVD.  
FT. PIERCE, FL 34950



08172005 No Chg-F CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number  
05-0549434

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MASTERS, T. SCOTT  
2050 1-104 OLEANDER BLVD.  
FT. PIERCE, FL 34950

**DO NOT WRITE  
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

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**  
**Due by September 7, 2005**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
MASTERS, THOMAS S MR  
PO BOX 3621  
FORT PIERCE, FL 34948

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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08/22/05-80003-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #