# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P03000004913

1. Entity Name
M&J MARITIME INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 702 LAKEWOOD RD<br>PENSACOLA, FL 32507 US | PO BOX 4370<br>PENSACOLA, FL 32507 US |

03222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
33-1043796
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSTA, JAMES G
702 LAKEWOOD RD
PENSACOLA, FL 32507

**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, the registered agent.

SIGNATURE: X James G. Costa 3-27-06
If changed, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | SELTZER, MICHAEL |
| STREET ADDRESS | 702 LAKEWOOD RD |
| CITY-ST-ZIP | PENSACOLA, FL 32507 |
| TITLE | D |
| NAME | COSTA, JAMES G |
| STREET ADDRESS | 702 LAKEWOOD RD |
| CITY-ST-ZIP | PENSACOLA, FL 32507 |
| TITLE | |
| NAME | |
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04/12/06-80077-025 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attached sheet with an address, with all other like empowered.

**SIGNATURE:** X James Costa 3-27-06 850-492-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #