2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000010855

1. Entity Name

B-9 MARINE, INC.

Principal Place of Business	Mailing Address
317 WATER STREET APALACHICOLA FL 32320	317 WATER STREET APALACHICOLA FL 32320

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 51-0442939	Applied For / Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

COVELL, LARRY C
317 WATER STREET
APALACHICOLA FL 32320

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EDWARDS, TERRY		NAME	U00000334808	
STREET ADDRESS	3145 PHORONIA AVE.		STREET ADDRESS	04/27/05--80060-016 150.00	
CITY-ST-ZIP	JESSUP GA 31595		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EDWARDS, JOHN		NAME		
STREET ADDRESS	3145 PHORONIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	JESUP GA 31545		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COVELL, MELANIE		NAME		
STREET ADDRESS	31545 PHORONIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL 32320		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Larry Covell_   4/26/05   8506538860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #