


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 013 ***150.00

DOCUMENT # P03000012027					
1. Entity Name B.J.'S MARINE, INC.					
Principal Place of Business 809 N FISKE BLVD COCOA, FL 32922			Mailing Address 809 N FISKE BLVD COCOA, FL 32922		
2. Principal Place of Business 641 Clearlake Rd. Suite, Apt. #, etc. Suite 54 City & State Cocoa, FL Zip 32922			3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 74-3078016			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			07142004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent SMITH, CHARLES E. 809 N FISKE BLVD COCOA, FL 32922			7. Name and Address of New Registered Agent Name Charles E. Smith Street Address (P.O. Box Number is Not Acceptable) 641 Clearlake Road, Suite 54 City Cocoa FL Zip Code 32922		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLES E 809 N FISKE BLVD COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 Clearlake Rd, Suite 54 Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, LINDA S D 809 N FISKE BLVD COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 Clearlake Rd, Suite 54 Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEONARD, MARINA 809 N FISKE BLVD COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 Clearlake Rd, Suite 54 Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Linda D. Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/13/04 (321) 633-7030 Date Daytime Phone #		