

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 041 ***150.00

DOCUMENT # P03000030484

1. Entity Name
SUPER-MARINE, INC.



Principal Place of Business
**801-3068 S. OAKLAND FOREST DRIVE
OAKLAND PARK, FL 33309**

Mailing Address
**801-3068 S. OAKLAND FOREST DRIVE
OAKLAND PARK, FL 33309**

54055110



2. Principal Place of Business

3. Mailing Address
P.O. Box 5101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Lauderdale, FL

Zip

Country

Zip

33310

Country

05182004 Chg-P CR2E034 (10/03)

4. FEI Number
13-4247435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVENPORT, DAVID
801-3068 S. OAKLAND FOREST DRIVE
OAKLAND PARK, FL 33309**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DAVENPORT, DAVID**
STREET ADDRESS **801-3068 S. OAKLAND FOREST DRIVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 reports 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

05/17/2004

Date

Daytime Phone #