

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90208 033 ***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 P.O. BOX 5101 FORT LAUDERDALE, FL 33310		
2. Principal Place of Business 240 S.W. 30th STREET		3. Mailing Address			
Suite, Apt. #, etc. #15		Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL		City & State			
Zip 33315		Country USA		Zip Country	
4. FEI Number 13-4247435					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVENPORT, DAVID 801-3068 S. OAKLAND FOREST DRIVE OAKLAND PARK, FL 33309			7. Name and Address of New Registered Agent Name DAVID DAVENPORT Street Address (P.O. Box Number is Not Acceptable) 240 S.W. 30 STREET #15 City FT LAUDERDALE FL Zip Code 33315		
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 DATE 04/25/2005 <small>Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
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 PD NAME DAVENPORT, DAVID <input type="checkbox"/> Delete STREET ADDRESS 801-3068 S. OAKLAND FOREST DRIVE CITY-ST-ZIP OAKLAND PARK, FL 33309			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVENPORT DAVID STREET ADDRESS 240 S.W. 30th STREET CITY-ST-ZIP FT LAUDERDALE, FL, 33315		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: DATE 04/25/2005 (954) 383-8064 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					