

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90006 035 ***150.00

DOCUMENT # P03000037491

1. Entity Name
SEALAND MARINE SERVICES & SURVEYING, INC.



Principal Place of Business
**1201 BRICKELL AVE., SUITE 630
MIAMI, FL 33131**

Mailing Address
**1201 BRICKELL AVE., SUITE 630
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address
13005 HEINEMANN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 1206

05112004

Chg-P

CR2E034 (10/03)

City & State

City & State

AUSTIN, TEXAS

4. FEI Number

16-1660558

Applied For

Not Applicable

Zip

Country

Zip

Country

78727

USA

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

**GOULD, RONALD
1201 BRICKELL AVE., SUITE 630
MIAMI, FL 33131**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MUNIZ, FRANCISCO
STREET ADDRESS 15835 FOOHELL FMLP, APT. 2714
CITY-ST-ZIP AUSTIN, TX 78660

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

TITLE VD ☐ Delete
NAME GONZALEZ, JANNACOELLI
STREET ADDRESS 13005 HEINEMANN DR. NO. 1206
CITY-ST-ZIP AUSTIN, TX 78727

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 110.07(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:

Jannacoelli Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jannacoelli Gonzalez

Date

05/12/04 (612) 401.81.37

Daytime Phone #