

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038433

FILED
Mar 21, 2005
Secretary of State

Entity Name: COMPLETE VESSEL CARE, INC.

Current Principal Place of Business:

3119 SW HOLLIS AVE.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3119 SW HOLLIS AVE.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 56-2365931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, TONY D
3119 SW HOLLIS AVE.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: COX, TONY D
Address: P.O. BOX 180
City-St-Zip: PALM CITY, FL 34991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY COX

PRES

03/21/2005

Electronic Signature of Signing Officer or Director

Date