


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90465 049 ***158.75

DOCUMENT # P03000054674

1. Entity Name:
THE MARINE STORE, INC.



Principal Place of Business: **7755 MANASSAS CT EAST JACKSONVILLE, FL 32277 US**

Mailing Address: **7755 MANASSAS CT EAST JACKSONVILLE, FL 32277 US**

64074011



2. Principal Place of Business: **6999-02 MORNHURD SUITE 319 JACKSONVILLE FL**

3. Mailing Address: **6999-02 MORNHURD SUITE 319 JACKSONVILLE FL**

05062004 Chg-P CR2E034 (10/03)

City & State: **JACKSONVILLE FL**

City & State: **JACKSONVILLE FL**

Zip: **32277** Country: **USA**

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4. FEI Number: **32-0076881**

Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent:

EMERY, ROBERT E
7755 MANASSAS CT EAST
JACKSONVILLE, FL 32277

7. Name and Address of New Registered Agent:

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ State: **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 qualifications of registered agent.

SIGNATURE: *Robert E Emery* DATE: **5/6/04**

(NOTE: Registered Agent signature required when reinstating)

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: P	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EMERY, ROBERT E		NAME:	
STREET ADDRESS: 7755 MANASSAS CT EAST		STREET ADDRESS:	
CITY-STATE-ZIP: JACKSONVILLE, FL 32277		CITY-STATE-ZIP:	
TITLE: VP	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LAVOIE, JOHN J		NAME:	
STREET ADDRESS: 2523 TOWNSQUARE DR		STREET ADDRESS:	
CITY-STATE-ZIP: JACKSONVILLE, FL 32218		CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-STATE-ZIP:		CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-STATE-ZIP:		CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-STATE-ZIP:		CITY-STATE-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: *Robert E Emery* **ROBERT E. EMERY PRESIDENT** DATE: **5/6/04** (904) 838-0837

SIGNATURE READ-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date: _____) (City/State/Phone#)