

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000067409**  
1. Entity Name  
MCCULLOCH MARINE, INC.



Principal Place of Business Mailing Address  
641 S. FEDERAL HWY. 641 S. FEDERAL HWY.  
POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0836926 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCCULLOCH, THOMAS  
641 S. FEDERAL HWY.  
POMPANO BEACH, FL 33062

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCULLOCH, THOMAS
STREET ADDRESS	641 S. FEDERAL HWY.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	MCCULLOCH, CHRISTINE
STREET ADDRESS	641 S. FEDERAL HWY.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	SEC
NAME	MCCULLOCH, CHRISTINE
STREET ADDRESS	641 S. FEDERAL HWY.,
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/05-80003-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Christine McCulloch* *Christine McCulloch* 1/4/05 954-942-8074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #