

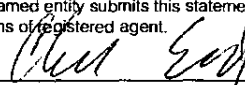
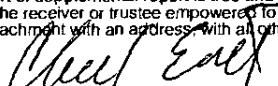


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 018 ***150.00

DOCUMENT # P03000069973 1. Entity Name MARINER SEA WALL & DOCK MAINTENANCE, INC.					
Principal Place of Business 1360 NW 13 ST POMPANO BEACH, FL 33069			Mailing Address 1360 NW 13 ST POMPANO BEACH, FL 33069		
2. Principal Place of Business 4430 NE 1 TH		3. Mailing Address 1313 S MILITARY TRAIL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 176			
City & State POMPANO BEACH, FL		City & State DEERFIELD BEACH, FL		4. FEI Number 04-3763836	
Zip 33064		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, STUART M P.A. 633 SE 13 ST FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name CHARLES EVERETT Street Address (B.O. Box Number is Not Acceptable) 4430 NE 1 TERRACE City POMPANO BEACH FL Zip Code 33064	
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  CHARLES EVERETT DATE 4-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETT, CHARLES 4430 NE 1ST TERRACE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EWING, BRIAN 1360 NW 13TH STREET POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  CHARLES EVERETT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4.26.04 Daytime Phone # 954-444-0175		