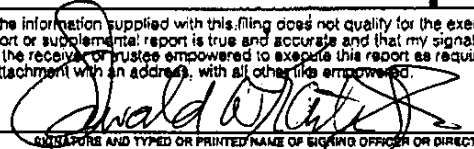


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90092 048 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000070007			
1. Entity Name TRI-STATE MARINE OF FLORIDA, INC.			
Principal Place of Business 8821 W. TENNESSEE ST TALLAHASSEE, FL 32304		Mailing Address 8821 W. TENNESSEE ST TALLAHASSEE, FL 32304	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-3695474		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTRER, GAIL A 12 GILCREASE LANE QUINCY, FL 32351		7. Name and Address of New Registered Agent 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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTRER, GAIL A 12 GILCREASE LANE QUINCY, FL 32351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARTER, OSWALD D 3805 MORSE COURT TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, MCCALL A 12 GILCREASE LANE QUINCY, FL 32351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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: 		4/29/05 850 575 3200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	