

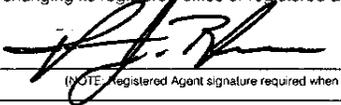
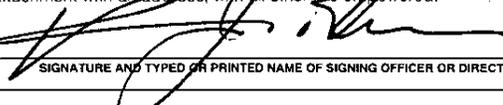
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90034 002 ***150.00

44006349



DOCUMENT # P03000073462			
1. Entity Name MARINE FINANCE & INSURANCE CORPORATION			
Principal Place of Business 1320 ERROL PARKWAY APOPKA, FL 32712 US		Mailing Address 1320 ERROL PARKWAY APOPKA, FL 32712 US	
2. Principal Place of Business 7 West Main Street Suite, Apt. #, etc. Suite 1400 City & State Apopka, FL Zip 32103 Country U.S.		3. Mailing Address 7 West Main Street Suite, Apt. #, etc. Suite 1400 City & State Apopka, FL Zip 32103 Country U.S.	
01282004		Chg-P	
CR2E034 (10/03)		4. FEI Number 20-0068765	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANC, VERNON J 1320 ERROL PARKWAY APOPKA, FL 32712		7. Name and Address of New Registered Agent Name Blanc, Vernon J. Street Address (P.O. Box Number is Not Acceptable) 7 West Main Street Suite 1400 City Apopka FL Zip Code 32103	
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 Vernon J. Blanc Signature, typed or printed name of registered agent and title if applicable.		 PRES. (NOTE: Registered Agent signature required when reinstating) DATE 1-29-2004	
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 BLANC, VERNON J 1320 ERROL PARKWAY APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blanc, Vernon J. 7 West Main Street Suite 1400 Apopka, FL 32103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANC, KANDIE K 1320 ERROL PARKWAY APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Blanc, Kandie K 7 West Main Street Suite 1400 Apopka, FL 32103 <input checked="" 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
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
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
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 another like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-29-2004 Daytime Phone # 407-484-0000	