

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 MAY 11 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091503

1. Entity Name
NEW ENGLAND MARINE POWER, INC.



Principal Place of Business
~~11501 ELLISON WILSON BLVD.~~
~~PALM BEACH GARDENS, FL 33410~~

Mailing Address
~~11501 ELLISON WILSON BLVD.~~
~~PALM BEACH GARDENS, FL 33410~~

2. Principal Place of Business
333 East 24th St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1043
Suite, Apt. #, etc.

City & State
Riviera Beach FL
Zip 33404 Country

City & State
Palm Beach FL
Zip 33480 Country



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0836274
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, PAUL ROGERS ESQ.
~~11801 US HWY. ONE~~
~~STE. 100~~
~~NORTH PALM BEACH, FL 33408~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
250 NE 12th Street
City Delray Beach FL Zip Code 33444

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

4/29/05

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 D
NAME KENNEDY, PAUL ROGERS
STREET ADDRESS 252 N.E. 12TH STREET
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D
NAME B.G. Sykas
STREET ADDRESS 333 EAST 24th St
CITY-ST-ZIP Riviera Beach FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 5614454235

Date

Daytime Phone #