2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

Mar 10, 2004 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P03000098484** 03-10-2004 90018 013 ***150.00 RON'S MARINE SERVICES OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2424 S.E. 17TH STREET NO. 211 -2424 S.E. 17TH STREET NO. 211 FORT-LAUDERDALE, FL 33316-FORT LAUDERDALE, FL 33316 nen aggrett: HEW address: 2. Principal Place of Business 3. Mailing Address 3410 SW 2424 Court 3410 SW 244 Cov. + Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State Applied For 4. FEI Number Lauderdale, FL 86-1080632 Not Applicable **Broward** Zip 33312 \$8.75 Additional 5. Certificate of Status Desired roward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jones, Ronald Patrick Jee Mrw address. JONES, RONALD PATRICK Street Address (P.O. Box Number is Not Acceptable) 2424 S.E. 17TH STREET NO. 211 FORT LAUDERDALE, FL 33316 Ft. Lauderdale 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 vrek Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. trapics 1 ☐ Delete TITLE ☐ Change Addition TITLE onald Patrick Jones NAME NAME 3410 JW 24 to Court FY. Lauderdale, FL 33312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete me ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F Delete TETA F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ROWALD PATRICK JONES - Prevident

FILED