2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 16, 2004 8:00 am Secretary of State **DOCUMENT # P03000128369** 07-16-2004 90007 050 ***150.00 CAT-CAN-DO MARINE, INC. Principal Place of Business Mailing Address 54062695 2372 CORTEZ RD 2372 CORTEZ RD JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Mumber Applied For <u> 57-1194548</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADGETT VAN VELZOR, AMY PAT Street Address (P.O. Box Number is Not Acceptable). 10010 BELLE RIVE BLVD., #1312 CORTEZ JACKSONVILLE, FL 32256 JACKSONVILLE Zip Code 32246 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 upstice agent. Signature specifier cented name of registered agent and tale supplicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILÉ NÓW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TIFLE ☐ Delete TALE Addition PADGETT, PAT MARKE NAME STREET ADDRESS 2372 CÖRTEZ RD STREET ADDRESS JACKSONVILLE, FL 32246 CITY-ST-ZIP CITY-ST-ZIP ETTLE Delete THE Change ☐ Addition HHE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7/2 TITLE ☐ Ce ete THILE Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Celete THLE Change ☐ Addition MAME NAME SINEET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP HITLE D Celete TRLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TELE Change Addition NAME NAME

12. Thereby 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 cath; that I am an officer or director of the corporation or the receiver or tristee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact prent with a statute or the corporation of th

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

City-St-ZiP

FILED