
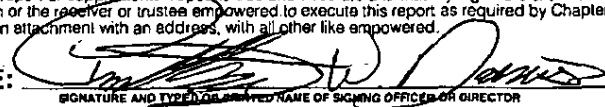


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-03-2004 90750 019 ***150.00

DOCUMENT # P03000129272 1. Entity Name TONY'S MOBILE MARINE SERVICE II INC.					
Principal Place of Business 4124 DOVER DR E BRADENTON, FL 34208			Mailing Address 4124 DOVER DR E BRADENTON, FL 34208		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 900124498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, ANTHONY 4124 DOVER DR E BRADENTON, FL 34208				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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 all other like empowered.					
SIGNATURE: 			Date 4-27-04		

66426641



04282004 Chg-P CR2E034 (10/03)

Attachment 00426041



Industry Verification Form, BLS 3023 NVS
Form Approved, O.M.B. No. 1220-0032
FLORIDA AGENCY FOR WORKFORCE INNOVATION
In cooperation with the U.S. Department of Labor

1 This report is mandatory under Florida Statutes, Chapter 443, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

PO 3000129072

2 The questions on this form concern the work location(s) using Unemployment Insurance account number 0016008200 IN FLORIDA.

TONYS MOBILE MARINE SERVICE
4124 DOVER DR E
BRADENTON FL 34203-4080

3 We need the name and direct mailing address for the business using this Unemployment Insurance account, regardless of who prepares this form. This information does not affect mailings for tax purposes. Are the name and mailing address shown in Item 2 correct for the business using this Unemployment Insurance account?

- ☒ YES ☐ NO....Please **print** corrections or additions to the right of the printed address in Item 2. . .
☐ COMPANY PERMANENTLY OUT OF BUSINESS OR MOVED OUT OF FLORIDA
Enter date closed or moved: _____ **SKIP to Item 9 on the back of this form**

4 In addition to your mailing address, please tell us where your business is **physically** located (street and number). The physical location address is the place where you conduct your business and receive deliveries, so it cannot be a Post Office Box or a rural route number.

Our records show that this business in FLORIDA is physically located at:

1244 31ST AVE E
BRADENTON, FL 34208-4208

1240 31ST AVE E
BRADENTON FL 34208-4208

Is this address correct for the location in FLORIDA?

- ☐ YES--> Continue with Item 5
☒ NO --> Please make changes to the right of the address here, in Item 4. Continue with Item 5

5 Is the following information correct for the address in Item 4? FLORIDA COUNTY: MANATEE

- ☐ YES...Continue with Item 6
☐ NO....Please print corrections in this space and then continue with Item 6

6 According to our records, the business operating under Unemployment Insurance account 0016008200 in FLORIDA mainly provides goods and services to the general public. Is this correct? ("The general public" includes individual consumers, other businesses, and organizations.)

- ☒ YES, we MAINLY provide goods and services to the general public
☐ NO, we are part of a larger company and we MAINLY support other locations of OUR company

7 Does this business have a website?

- ☐ YES....Please enter your website address here.Continue with Item 8
☒ NO....Continue with Item 8

8 Does the business using Unemployment Insurance account 0016008200 IN FLORIDA have only one physical location in this state? (Do not count client sites or offsite projects that will last less than a year.)

- ☒ YES (One physical location)....Continue with Item 9 on the back
☐ NO (More than one physical location)....Please attach a separate sheet. For each site, (1) list physical location address, (2) show number of employees, and (3) answer Items 6 and 9-11. Continue with Item 9

PLEASE CONTINUE WITH ITEM 9 ON THE BACK OF THIS PAGE.

OFFICE USE FY04 03/17/04

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