2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P03000135149 1. Entity Name 04-07-2004 90055 005 ***150.00 ENVIRONMENTAL MOORINGS INTERNATIONAL, INC. Principal Place of Business Mailing Address 172 LORELANE PLACE 172 LORELANE PLACE ひとひんひひひひ KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 58-2677686 City & State City & State Applied For Not Applicable Country 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 HORDAN, DAVID P JUDITH F. HALAS Street Address (P.O. Box Number is Not Acceptable) 608 WHITEHHEAD STREET KEY WEST FL 33040 City KEY LARGO, Zip Code 33037 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. JUDITH FILALAS Mesident EMI, Inc. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/V/S/T TITLE TITLE Change Addition 🔀 Delete JUDITH F. HALAS NAME HORAN, DAVID P NAME STREET ODRESS 608 WHITEHEAD STREET STREET ADDRESS 172 LURELANE DLACE CITY-ST-ZIP KEY LARGO FL 33037 CITY-\$T-ZIP KEY LARGO, FLORIDA 33037-4235 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TIT! F Change ☐ Addition ∟r″Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □3 Change 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.

NAME

STREET ADDRESS CITY-ST-ZJP

SIGNATURE:

NAME

STREET ADDRESS

Julity 7. Halas Judi7
VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JUDITH F. HALAS 4/2/04

FILED