


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90023 034 ***150.00

DOCUMENT # P03000150698

1. Entity Name
J. C. MARINE CONSTRUCTION, INC.



Principal Place of Business Mailing Address
159 POINT PLEASANT DRIVE **159 POINT PLEASANT DRIVE**
PALM COAST FL 32164 **PALM COAST FL 32164**

2. Principal Place of Business 3. Mailing Address
159 Point Pleasant Dr *159 Pt. Pleasant Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palm Coast FL 32164 *Palm Coast FL*
 Zip Country Zip Country
32164 *FL* *32164* *FL*



MOORE CR2E034 (4/04)

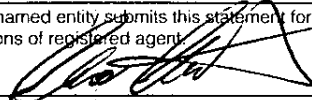
4. FEI Number Applied For
30-0194041 Not Applicable

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

6. Name and Address of Current Registered Agent
HOWARD, CHRISTOPHER J
159 POINT PLEASANT DRIVE
PALM COAST FL 32164

7. Name and Address of New Registered Agent
 Name **Howard Christopher**
 Street Address (P.O. Box Number is Not Acceptable) **159 Pt. Pleasant Dr**
 City **Palm Coast FL** Zip Code **32164**

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  DATE **8/18/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, CHRISTOPHER J	
STREET ADDRESS	159 POINT PLEASANT DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOWARD, CHRISTOPHER J	
STREET ADDRESS	159 POINT PLEASANT DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	HOWARD, CHRISTOPHER J	
STREET ADDRESS	159 POINT PLEASANT DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	TRE	<input type="checkbox"/> Delete
NAME	HOWARD, CHRISTOPHER J	
STREET ADDRESS	159 POINT PLEASANT DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **8/18/04** Daytime Phone # **(386) 447-8003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR