2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State 05-31-2005 90007 039 ***150.00

Dayirre Phone #

DOCUMENT # P0400014946 1. Entity Name ESTAURINE, COASTAL, AND OCEAN SCIENCE, INC.						03-31	2003 90	J007 03	9 130	0.00
Principal Place	of Business	Mailing Address					•			
1940 10TH A	IVENUE	1940 10TH AVENUE				4	. :			
SUITE C VERO BEACH, FL 32960		SUITE C VERO BEACH, FL 32960								
2. Principal Place of Business 5920 1st ST SW		3. Mailing Address 5920 IST ST SW							/ 1818 / 1818 BUI	
Suite, Apt.	π, etc.	Suite, Apt. #, etc.			05272005	Chg-P		CR2E03	4 (10/03)	
City & State VERO	BEACH, FL	VERO BEA	CH, FL	_	4. FEI Numb	~ 10 L	652		No	plied For t Applicable
3296		<u> 32968 </u>			5. Certificate			<u></u> F	8.75 Add ee Required	
	- 6. Name and Address of Curren	Name		7. Name and	Address of	New Heg	istered A	jent		
GOFF, TERRY 1940 10TH AVENUE SUITE C				Street Address (P.O. Box Number is Not Acceptable)						
VERD BEACH, FL 32960										
			City					FL	Zip Code	e
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. If am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
4 *	E NOW!!! FEE IS \$150.00 ue by September 7, 2005	Election Campaig Trust Fund Contrib			00 May Be d to Fees				193(2)(b), l the prior r	
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES T	O OFFICE			
TITLE NAME	D GOFF, TERRY	Delete	TITLE NAME						☐ Change	Addition .
STREET ADDRESS	1940 10TH AVENUE		STREET ADDRESS							
CITY-S1-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	<u> </u>						
TITLE		☐ Delete	. TITLE NAME	GRA	NT G	-E/ Mo	RE		☐ Change	Addition
name Street address			STREET ADDRESS	5920	SIST	57	ŚŴ			
CITY-ST-ZIP			CITY-ST-ZIP	VER	O BE	ACH, F	<u>-L</u>	3290	80	
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
name Street address			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
IIILE		☐ Delete	TITLE	1		***************************************			☐ Change	Addition
NAME			NAME	1						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		Delete	TIFLE	 					☐ Change	☐ Addition
NAME		☐ Delete	NAME						change	Addition
STREET ADDRESS			STREET ADDRESS	1						'
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP	<u> </u>						
TITLE		☐ Delete	TOTLE						Change	☐ Addition
NAME STREET ADDRESS			name Street address							
CITY-ST-ZIP			CITY-ST-ZIP							
12. I hereby	certify that the information supplied w	on this filing does not qualify for	the exemption sta	ated in Sec	tion 119.07(3)	(i), Florida St	atules. I fu	urther certi	fy that the in	nformation
12. I hereby certify that the information supplied with this thing 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 mystee 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.										