

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 047 ***150.00

DOCUMENT # P04000018745					
1. Entity Name SCHNELLER MARINE, INC.					
Principal Place of Business 304 S HARBOR CITY BLVD STE 201 MELBOURNE, FL 32901 1180 S. Patrick Dr. Satellite Beach, FL 32937			Mailing Address 304 S HARBOR CITY BLVD STE 201 MELBOURNE, FL 32901 1180 S. Patrick Dr. Satellite Beach, FL 32937		
2. Principal Place of Business 1180 South Patrick Dr. Suite, Apt. #, etc.			3. Mailing Address 1180 South Patrick Dr. Suite, Apt. #, etc.		
City & State Satellite Beach, FL		City & State Satellite Beach, FL		4. FEI Number 20-0660704	
Zip 32937		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNELLER, CHARLES E 4451 CHARDONNAY DRIVE ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4/27/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHNELLER, CHARLES E 304 S HARBOR CITY BLVD STE 201 MELBOURNE, FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Natalie M. Schneller 1180 S. Patrick Drive Satellite Beach, FL 32937				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1180 S. Patrick Drive Satellite Beach, FL 32937					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Natalie M. Schneller 1180 S. Patrick Drive Satellite Beach, FL 32937					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 4/27/05 DAYTIME PHONE #: 321-773-8400	