

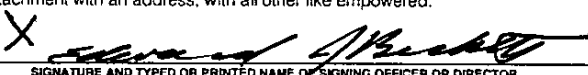


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90123 046 \*\*\*150.00

DOCUMENT # P04000034704					
1. Entity Name <b>BECKETT MARINE SERVICES, INC.</b>					
Principal Place of Business <b>330 BELVEDERE CT PUNTA GORDA, FL 33950</b>			Mailing Address <b>330 BELVEDERE CT PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business <b>26419 FEATHERSOUND DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>26419 FEATHERSOUND DR</b> Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA, FL</b>		City & State <b>PUNTA GORDA, FL</b>		4. FEI Number <b>20-0765707</b>	
Zip <b>33955</b>		Country <b>CHARLOTTE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BECKETT, EDWARD J 330 BELVEDERE CT PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>26419 FEATHERSOUND DR</b> City <b>PUNTA GORDA</b> FL <b>33955</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>EDWARD J. BECKETT</b> <input type="checkbox"/> Delete <b>PRESIDENT, V.P.S. T.</b> <b>26419 FEATHERSOUND DR</b> <b>PUNTA GORDA FL 33955</b>		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	
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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 <b>4-7-05</b> Daytime Phone # <b>941-916-1060</b>		