

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 001 ***150.00

DOCUMENT # P04000097140

1. Entity Name
FIRST CHOICE MARINE, INC.



Principal Place of Business
**2509 - 24TH AVENUE, NORTH
ST. PETERBURG, FL 33713**

Mailing Address
**2509 - 24TH AVENUE, NORTH
ST. PETERBURG, FL 33713**

40005350



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1297464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, DANIEL W
2509 - 24TH AVENUE, NORTH
ST. PETERBURG, FL 33713**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Delete
NAME **DANIEL HAMILTON**
STREET ADDRESS **7191-21ST ST. S.**
CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE ☐ Change ☒ Addition
NAME **see left!**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/P** ☐ Delete
NAME **MICHAEL CULHANE**
STREET ADDRESS **4032-41ST AVENUE N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE ☐ Change ☒ Addition
NAME **see left!**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

DANIEL HAMILTON

1-19-05

727-322-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #