




2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-18-2005 90024 005 ***150.00

DOCUMENT # P04000120586 1. Entity Name AMPHIBIOUS RESTORATION AND REPAIR, INC.					
Principal Place of Business 180 MAR LEN DRIVE MELBOURNE BEACH FL 32951			Mailing Address P.O. BOX 033194 INDIALANTIC FL 32903		
2. Principal Place of Business 180 Mar Len dr. Suite, Apt. #, etc.		3. Mailing Address PO Box 033194 Suite, Apt. #, etc.			
City & State Melbourne Beach FL Zip 32951		City & State Indian Lake FL Zip 32903		4. FEI Number 20-1559980	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLER, DICK 1127 S. PATRICK DRIVE SUITE #3 MELBOURNE FL 32937				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  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P DIJAN, ERIC 180 MAR LEN DRIVE MELBOURNE BEACH FL 32951 <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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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					