2005 FOR PROFIT CORPORATIO	N	FILED Feb 03, 2005 08:00 AM
DOCUMENT # P15759 1. Entity Name RADCLIFF/ECONOMY MARINE SERVICES, INC.		Secretary of State
Principal Place of Business Mailing Address 115 COCHRAN CAUSEWAY PO BOX 3064 MOBILE, AL 36601 US MOBILE, AL 36652 US	- · · ·	E NAROVAKI TAK MANA ATIM KANAN KENA KANA KANAN KANAN KANAN KANAN KANAN KANAN KANAN KANAN
DO NOT WRITE IN THIS SPAC	CF	01202005 No Chg-P CR2E034 (10/03)
		4. FEI Number Applied For 63-0956628 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RADCLIFF, B. GREER 3100 BARRANCAS AVENUE PENSACOLA, FL 32507	· · · · ·	DO NOT WRITE IN THIS SPACE
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 B. Man Mann Mann B. Creer Rudcliff President //21/2005 Signature, types or printed name of registered agent and title if applicable (NOTE Registered Agent signature registered when revisitating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Final Trust Fund Contribution.		.00 May Be ed to Fees
10. OFFICERS AND DIRECTORS I'ITLE PDS NAME RADCLIFF, B. GREER STREET ADDRESS 115 COCHRAN CAUSEWAY CITY-ST-ZIP MOBILE, AL 36601 ITILE T NAME BARTON, JAMES F.		U00000212679 02/03/05-80040-010 150.00_
STREET ADDRESS 115 COCHRAN CAUSEWAY CITY-ST-ZIP MOBILE, AL 36601 TITLE	-	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
TÜLE NAME STREET ADDRESS CITY - ST- ZIP DILE		· - ······
NAME SIREET ADDRESS CITY - SI - ZIP	mplion stated in Se	ction 119.07(3)(i); Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7). 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: B. J.		

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