

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90025 014 \*\*\*150.00

DOCUMENT # P93000022204

1. Entity Name  
 GASPARILLA MARINE SERVICE, INC.



Principal Place of Business  
 2909 FRIERSON ST  
 FORT MYERS, FL 33916 US

Mailing Address  
 2909 FRIERSON ST  
 FORT MYERS, FL 33916 US

54004881



2. Principal Place of Business  
 15001 GASPARILLARD  
 Suite, Apt. #, etc.

3. Mailing Address  
 POST OFFICE Box 3726  
 Suite, Apt. #, etc.

01302004 Chg-P CR2E034 (10/03)

City & State  
 PLACIDA, FL

City & State  
 PLACIDA, FL

4. FEI Number  
 65-0397875

Applied For  
 Not Applicable

Zip  
 33946

Country  
 USA

Zip  
 33946

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROYSTON, ROBERT D JR  
 % COSTELLO, SIMS & ROYSTON  
 12670 NEW BRITTANY BLVD., #101  
 FT. MYERS, FL 33907

7. Name and Address of New Registered Agent  
 -Name-  
 Street Address (P.O. Box Number is Not Acceptable)  
 90 COSTELLO & ROYSTON  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST POCKLINGTON, ROBERT L P.O. BOX 945 PLACIDA, FL 33946 <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
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	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: RL Pocklington 2/09/04 9418280216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #