2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				_ FILED
DOCUMENT # P93000029297 1. Entity Name				Apr 30, 2005 08:00 AM
CHUCK'S MARINE, INC.				Secretary of State
Principal Plac	e of Business	Mailing Address		_
· '		302 CAIN ROAD		
302 CAIN ROAD ROUTE 6		ROUTE 6		
PANAMA CITY BEACH FL 32413		PANAMA CITY BEACH I	FL 32413	I NATIONE RECONSTRUCTION AREA AND CORRESPONDED TO THE STRUCTURE OF THE STR
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-3233726 Applied For Not Applied:
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
<u></u>	6. Name and Address of Current	Registered Agent	.	7. Name and Address of New Registered Agent
			Name	
REDDICK, HILLIARD R ATTY 104-A NORTH ADAMS STREET QUINCY FL 32351			Street Addres	ss (P.O. Box Number is Not Acceptable)
(20)	NCT FE 32331			
(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 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May D Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PVST	☐ Detete	FITLE	☐ Change ☐ Addition
NAME	BOWEN, TOBBIE A		NAME	000000351223 05/02/05-80136-021 150.00
STREET ADDRESS	302 CAIN RD., ROUTE 6		STREET ADDRESS	05/02/05-80136-021 150.00
CITY ST 7IP	PANAMA CITY BEACH FL 32413	· · · · · · · · · · · · · · · · · · ·	CITY ST-ZIP	
TITLE	TSP	☐ Delete	TITLE	Change Addition
NAME	BOWEN, TOBBIE A		NAME GLOSS ADDRESS	
STREET ADDRESS	1000		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413			
TITLE	Í	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY ST ZIP			CITY-ST-ZIP	
		☐ Delete	TOILE	☐ Change ☐ A.i.iiii
TITLE		□ Defefé	NAME	C Ottungo C Vinne
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NAME		L Delete	NAME	Curriès (1)
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	THEE	☐ Change ☐ Adiiiii
NAME		☐ Detere	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. hereby	certify that the information supplied with	this filing does not qualify for the	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this report or supplemental report is	s true and accurate and that my	signature shall have ti	he same legal effect as it 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 it changed, or on an attachment with an address, with all other like empowered.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

850-335-0423 Daytme Phone #

H-26-05