## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000055483

Entity Name: ALLEN BILLS MARINE, INC.

FILED Aug 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

420 VAN BUREN ST. 420 VAN BUREN ST

FT. MYERS, F 33916 US FT. MYERS, FL 33916 US

Current Mailing Address: New Mailing Address:

420 VAN BUREN STREET FORT MYERS, FL 33916

FEI Number: 65-0425399 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BILLS, ALLEN D
420 VAN BUREN STREEYT
FORT MYERS, FL 33916 US
BILLS, ALLEN D
420 VAN BUREN STREET
FORT MYERS, FL 33916 US

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.

SIGNATURE: 08/27/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: BILLS, ALLEN D. Name: BILLS, ALLEN D PD

Address: 420 VAN BUREN STREET Address: 420 VAN BUREN STREET
City-St-Zip: FT MYERS, FL City-St-Zip: FT MYERS, FL 33916 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 BILLS, HATHER L.
 Name:
 BILLS, HEATHER L STD

 Address:
 4012 E RIVER DR
 Address:
 4012 E RIVER DR

 City-St-Zip:
 FT MYRS, FL
 City-St-Zip:
 FT MYRS, FL 33916

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 DEMOFF, PAUL
 Name:
 BILLS, DAVID A VP

 Address:
 444 VAN BUREN ST
 Address:
 1620 NW. 10TH STREET

 City-St-Zip:
 FT MYERS, FL
 City-St-Zip:
 CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN D. BILLS PD 08/27/2004