# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2004**
**Secretary of State**

DOCUMENT# P93000057230

**Entity Name:** FLEET MARINE, INC.

**Current Principal Place of Business:**

714 SCALLOP DRIVE
PORT CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1389
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number: 59-3215258** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BATES, DWIGHT D
714 SCALLOP DR.
CAPE CANAVERAL, FL 32920 US

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

BATES, DWIGHT D
P O BOX 1389
CAPE CANAVERAL, FL 32920 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: 05/07/2004
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:**

Title: P ( ) Delete
Name: BATES, DWIGHT D
Address: 714 SCALLOP DR.
City-St-Zip: PORT CANAVERAL, FL 32920

Title: V ( ) Delete
Name: BATES, LISA ANN
Address: 714 SCALLOP DR.
City-St-Zip: PORT CANAVERAL, FL 32920

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

Title: P (X) Change ( ) Addition
Name: BATES, DWIGHT D
Address: P O BOX 1389
City-St-Zip: PORT CANAVERAL, FL 32920

Title: V (X) Change ( ) Addition
Name: BATES, LISA ANN
Address: P O BOX 1389
City-St-Zip: PORT CANAVERAL, FL 32920

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: LISA ANN BATES V 05/07/2004
Electronic Signature of Signing Officer or Director — Date