

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057230

Entity Name: FLEET MARINE, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

714 SCALLOP DRIVE  
PORT CANAVERAL, FL 32920

## New Principal Place of Business:

700 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953

## Current Mailing Address:

PO BOX 1389  
CAPE CANAVERAL, FL 32920 US

## New Mailing Address:

700 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953 US

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  
P O BOX 1389  
CAPE CANAVERAL, FL 32920 US

## Name and Address of New Registered Agent:

BATES, DWIGHT D  
700 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953 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: DWIGHT D BATES

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BATES, DWIGHT D  
Address: 700 CHASE HAMMOCK RD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V (X) Change ( ) Addition  
Name: BATES, LISA ANN  
Address: 700 CHASE HAMMOCK RD  
City-St-Zip: MERRITT ISLAND, FL 32953

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date