2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000085878 1. Entity Name TEMPEST OFFSHORE, INC.				Feb 03, 2004 08:00 AM Secretary of State
Principal Place of Busines 7501 PORTOSUENO A BRADENTON FL 3420	VE W	Mailing Address 7501 PORTOSUENO / BRADENTON FL 3420		
2. Principal Place of Business		3. Mailing Address	*	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0454589 Applied For Not Applicable
Zip	Country	Z ър	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
BOLDUC, RO 7501 PORTO BRADENTO	OSUENO AVE W		Street Addres	ss (P.O. Box Number is Not Acceptable)
the obligations of regions of segments of	ity submits this statement his stered agent. ER BOLDIU do printed name of registered agent III FEE IS \$150.00 104 Fee will be \$550.00 to Florida Department of	end title (i applicable (NO	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with a stat
16.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
1 '1	ROGER RTOSUENO AVÉ W TON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TATLE NAME STREET ADDRESS CITY-ST-21P	☐ Change ☐ Addition U00000030103 02/04/04-80096-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chánge ☐ Additio
TIFLE NAME STREET ADDRESS CREY-SI-ZEP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
THLE NAME STREET ADDRESS CITY-ST-ZP		□ Delete .	TIBLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME SIREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	or to supplemental report the receiver or trustee emp trachment with an address		my signature snait have to a sequired by Chapter d.	n Section 119.07(3)(i), Florida Statutes I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED