

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91288 021 \*\*\*150.00

**DOCUMENT # P93000088894**

1. Entity Name  
MARINE SCIENCE TECHNOLOGIES, INC.



Principal Place of Business  
223 E BROACH DR.  
PANAMA CITY, FL 32401

Mailing Address  
223 E BROACH DR.  
PANAMA CITY, FL 32401

2. Principal Place of Business  
**223 EAST BEACH DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**223 EAST BEACH DR.**  
Suite, Apt. #, etc.



04192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0461474**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HESS, BRIAN D  
9108 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32407

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P ☐ Delete  
NAME DARRAH, JOHN W  
STREET ADDRESS 227 HARRISON AVE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☒ Change ☐ Addition  
NAME **223 EAST BEACH DR.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME BRADLEY, JIM  
STREET ADDRESS 7318 S LAGOON DR  
CITY-ST-ZIP PANAMA CITY BCH, FL 32407

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04

850-484-3900