

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90091 030 ***150.00

DOCUMENT # P94000011184

1. Entity Name

VOGELL MARINE, INC.



Principal Place of Business

1331 S KILLIAN DRIVE # F
LAKE PARK FL 33403
US

Mailing Address

PO BOX 30608
PALM BEACH GARDENS FL 33420
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0463295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGELL, FREDERICK W
11223 MONET TERR.
PALM BCH GARDENS FL 33410

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

Make Check Payable to Florida Department of State

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
NAME FREDRICK W. VOGELL ☐ Delete
STREET ADDRESS 11223 MONET TERRACE
CITY-ST-ZIP PALM BCH GARDENS FL 33410

TITLE VP
NAME CRYSTAL D. mullins ☐ Change ☒ Addition
STREET ADDRESS 6225 mullin ST
CITY-ST-ZIP Jupiter FL 33458

TITLE V
NAME VOGELL, FRANCINE P ☐ Delete
STREET ADDRESS 11223 MONET TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE Treasurer
NAME VOGELL, Francine P ☒ Change ☐ Addition
STREET ADDRESS 11223 MONET TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Francine P Vogell Francine P Vogell 3-9-04 561848 3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #