2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000018040

1. Entity Name

BARB MARINE CONSULTING, INC.



FILED Mar 26, 2004 8:00 am Secretary of State 03-26-2004 90039 021 ***150.00

Principal Place of Business 2300 WASHINGTON STREET 2300 WASHINGTO		,								
W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 Frincipal Place of Distiness Suite. April 4, etc.	Principal Place	of Business	Mailing Address			\neg				
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Coy & Store Coy & Store C	2. Principal Pla	ace of Business	3. Mailing Address							
Zip Country Zip State Personal Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E	034 (11/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addr	City & State		City & State			4	59-3226050			
HOLLIDAY, MICHAEL D 1801 SARNO ROAD, STE. 1 MELBOURNE FL 32935 8. The above named entry 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 SIGNATURE FILE NOW!!! FEE \$150.00 After May 1, 2004 Fee will be \$550.00 Make Chack Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE GURLEK, BARBARA W SIREST AURISS SIREST AURISS CITY-ST-2P TITLE NAME QURLEK, RICHARD M QURLE	Zip	Country	Zip	Zip Öðuni		5	5. Certificate of Status Desired			
HOLLIDAY, MICHAEL D 1801 SARNO ROAD, STE. 1 MELBOURNE FL 32935 City FL Zro Code City FL Zro Code City FL Zro Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations or registered agent. **SIGNATURE** **OFFICERS AND DIRECTORS* **OFFICERS AND DIRECTORS	6. Name and Address of Current Registered Agent									
### 1801 SARNO ROAD, STE. 1 MELBOURNE FL 32935 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I an hamiliar with, and accept me obligations of registered agent. **SIGNATURE** **FILE NOW!!** FEE IS \$150.00 **Make Check Payable to Florida Department of State** **TO OFFICERS AND DIRECTORS** **TO OFFICERS AND DIRECTORS** **TO PAYABLE TO FINITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS** **TO NAME GURLEK, BARBARA W.** **SIRET ADDRESS** **OFFICER SAND OFFICERS AND DIRECTORS** **TO PAYABLE TO FINITE ADDRESS** **OFFICER SAND OFFICERS AND DIRECTORS** **TO PAYABLE TO FINITE ADDRESS** **OFFICER SAND OFFICERS AND DIRECTORS** **TO PAYABLE TO FINITE ADDRESS** **OFFICER SAND OFFICERS AND DIRECTORS** **OFFICER SAND OFFICERS AND DIRECTORS** **TO PAYABLE TO FINITE ADDRESS** **OFFICER SAND OFFICERS AND DIRECTORS** **OFFICER SAND OFFICERS** **OFF		1 15 AV A 410 LA EL B			Name					
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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.

321-725-628P Daytime Phone #