2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P94000021154 1. Entity Name SEAFARER MARINE SUPPLY, INC. Principal Place of Business Mailing Address 12950 WALSINGHAM RD LARGO FL 33774 12950 WALSINGHAM RD LARGO FL 33774 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3227523 Not Applicable Zip Country Žīp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMALO, THOMAS S 3914 MCKAY CREEK DR. Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33770** Zip Code ۴L 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITE Addition Change NAME TOMALO, THOMAS S NAME STREET ADDRESS 3914 MCKAY CREEK DR. STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE Change Addition TOMALO, CAMILLE M MAME NAME STREET ADDRESS. 3914 MCKAY CREEK DR. STREET ADDRESS LARGO FL 33770 CHY-\$1-218 CHY-SI-7P TITLE Delete TITLE ☐ Change Addition NAME U00000343683 NAME STREET ADDRESS STREET ADDRESS 04/29/05-80106-016 150.00 CITY ST-ZIP CITY-ST-7P Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete FITLE ☐ Change Addition MAME MARKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED