2004 FOR PROFIT GORPORATION

FILED Apr 09, 2004 08:00 AM

ANNUAL REPORT					Secretary of State			
DOCUMENT # P94000029913 1. Entity Name HOLLAND MARINE CONSTRUCTION INC.					50	ciciai y 0	i State	
Principal Place 19310 GULF INDIAN SHOR		Mailing Address 19310 GULF BLVD INDIAN SHORES, FL 33785	US) i sariica i	3 (10 0); 2001; 2001) 200; 100;	: 18172 Weif 1818 1820 Weiß	· 20; 20;	
DO NOT WRITE IN THIS SPA			CE	02062004 4. FEI Numb	No Chg-P	- +-) Applied For	
	6. Name and Address of Current Reg	istered Agent	.	59-324 5. Certificate	0870 of Status Desired	\$8.75 A		
HOLLAND, PETER JOSEPH 19310 GULF BLVD INDIAN SHORES, FL 33785				_	NOT W THIS SP			
	named entity submits this statement for the ions of registered agent. Signature typed or printed name or registered agent and to			gistered agent, or bo	th, in the State of Flo	rida. I am familiar witl	1. and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5. Trust Fund Contribution		\$5.00 May Be Added to Fees	00.0000167182 14703764-80004-024 150.00			
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS	OFFICERS AND DIR D HOLLAND, PETER JOSEPH 19310 GULF BLVD INDIAN SHORES, FL 33785	ECTORS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E HE EET ADDRESS ; -ST-ZIP E			DO NOT WRITE IN THIS SPACE				
CITY - ST - ZIP HITLE NAME STREET ADDRESS CITY - ST - ZIP								

12. Thereby 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

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE: Out White Peter Holland SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR