2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90021 009 ***150.00

DOCUMENT # P94000030472

1. Entity Name

GALLEY MAID MARINE PRODUCTS, INC.

Principal Place of Business	Mailing Address
~~4348 WESTROADS DR~~ ~~WEST PALM BEACH FL 33407~~	~~4348 WESTROADS DR~~ ~~WEST PALM BEACH FL 33407~~

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
60. NE 110th Street	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee FL.	City & State
Zip: 34972 Country: Okeechobee	Zip Country

4. FEI Number 65-0478151 ☐ Applied For ☐ Not Applicab

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

6. Name and Address of Current Registered Agent

TUMOSZWICZ, LAURA M
4348 WESTROADS DR
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: LAURA TUMOSZWICZ.
Street Address (P.O. Box Number is Not Acceptable): 60. NE 110th Street
City: Okeechobee **FL** Zip Code: 34972

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 accep the obligations of registered agent.

X SIGNATURE: Laura M. Tumoszwicz 03/16/05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TUMOSZWICZ, LAURA M 4348 WESTROADS DR WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TUMOSZWICZ, RONALD 5530 SE 128TH AVE OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TUMOSZWICZ, ERNEST A 4925 NE 115TH DR OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TUMOSZWICZ, JUSTIN 5530 SE 128TH AVE OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additic
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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 changed, or on an attachment with an address, with all other like empowered.

X **SIGNATURE:** Laura M. Tumoszwicz, Laura M. Tumoszwicz 03/22/05 (863) 467-607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #