


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91222 018 \*\*\*150.00

<b>DOCUMENT # P94000032796</b>	
<b>1. Entity Name</b> B & B MARINE ENTERPRISES, INC.	

<b>Principal Place of Business</b> 7879 HARDWOOD TRAIL ST. AUGUSTINE FL 32092 US	<b>Mailing Address</b> 7879 HARDWOOD TRAIL ST. AUGUSTINE FL 32092 US
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<b>2. Principal Place of Business</b> 2155 Grand Blvd. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2155 Grand Blvd. Suite, Apt. #, etc.
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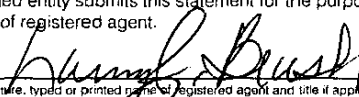
<b>City &amp; State</b> Holiday FL <b>Zip</b> 34690 <b>Country</b> USA	<b>City &amp; State</b> Holiday FL <b>Zip</b> 34690 <b>Country</b> USA
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<b>4. FEI Number</b> 59-3236731	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BRUSH, LAWRENCE 7879 HARDWOOD TRAIL ST. AUGUSTINE FL 32092	
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) 2155 Grand Blvd	
City Holiday	State FL
Zip Code 34690	

<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> BRUSH, LAURENCE I	
<b>STREET ADDRESS</b> 7879 HARDWOOD TRAIL	
<b>CITY-ST-ZIP</b> ST. AUGUSTINE FL 32092	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> BRUSH, SAMUEL P	
<b>STREET ADDRESS</b> 7879 HARDWOOD TRAIL	
<b>CITY-ST-ZIP</b> ST. AUGUSTINE FL 32092	
<b>TITLE</b> STD	<input type="checkbox"/> Delete
<b>NAME</b> BAILLIE, SUSAN	
<b>STREET ADDRESS</b> 7879 HARDWOOD TRAIL	
<b>CITY-ST-ZIP</b> ST. AUGUSTINE FL 32092	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>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.</b>	
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<b>SIGNATURE:</b> 	<b>4-28-04</b>	<b>727-938-8020</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>