

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 024 ***150.00

DOCUMENT # P94000053488

1. Entity Name

**INTERNATIONAL MARINE CONSULTING ASSOCIATES,
INC.**



Principal Place of Business

**4905 34TH STREET SOUTH
SUITE 4000
ST PETERSBURG FL 33711
US**

Mailing Address

**4905 34TH STREET SOUTH
SUITE 4000
ST PETERSBURG FL 33711
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3265022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~**BENNETT, WILLIAM K ESQ**~~
**721 1ST AVENUE NORTH
ST. PETERSBURG FL 33701**

Name

LEONARD S. ENGLANDER

Street Address (P.O. Box Number is Not Acceptable)

ENGLANDER & FISCHER, P.A.

721 FIRST AVE. N.

City

ST. PETERSBURG

FL

Zip Code

33731

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GAME, E C**
STREET ADDRESS **4905 34TH STREET SOUTH #4000**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **D** ☐ Delete
NAME **MACNEILL, ROBERT**
STREET ADDRESS **4905 34TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert F. MacNeill

ROBERT F. MACNEILL

Date

2/2/04

Daytime Phone #

727/865-3444