


05-25-2004 90003 010 ***61.25
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2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04 MAY 27 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008078			
1. Entity Name DOLLER OFFSHORE MARINE, INC.			
Principal Place of Business 100 S.W. 28TH ST. FORT LAUDERDALE, FL 33315		Mailing Address 100 S.W. 28TH ST. FORT LAUDERDALE, FL 33315	
2. Principal Place of Business 3600 N. 29th Ave.		3. Mailing Address 3600 N. 29th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country USA	Zip 33020	Country USA
4. FEI Number 65-0552259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETRYK, RICHARD G 200 SE SIXTH ST SUITE 306 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Melinda J. Doller Street Address (P.O. Box Number is Not Acceptable) 3600 N. 29th Ave. City Hollywood FL Zip Code 33020	
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: <i>Melinda J. Doller</i> <i>Melinda J. Doller</i> 5/03/04 <small>(Signature, typed or printed name of registered agent, and date if applicable) (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOLLER, MELINDA 100 S.W. 28TH ST. FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOLLER, MELINDA 3600 N. 29th Ave. Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Melinda J. Doller, President <i>Melinda J. Doller</i> 5/3/04 954-237-0332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			