## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Feb 09, 2004 8:00 am Secretary of State DOCUMENT # P95000022212 1. Entity Name 02-09-2004 90022 010 \*\*\*158.75 ATLANTIC MARINE & INDUSTRIAL SUPPLY INC. Principal Place of Business Mailing Address 4765 PAPAYA ST. 4765 PAPAYA ST. **COCOA FL 32926** COCOA FL 32926 3. Mailing Address 2. Principal Place of Business 7020 N. COURTENAY PKWY. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3305480 MERRITT MERRITT ANS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLOWINSKI, RAYMOND J Street Address (P.O. Box Number is Not Acceptable) 4765 PAPAÝA ST. OURTENAY COCOA FL 32926 8. The above named ex ty 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 stered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition SLOWINSKI, MARY B NAME NAME TO 20 N. COURTENAY PKWY STREET ADDRESS 4765 PAPAYA ST. STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CtTY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED