

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P95000022212

1. Entity Name

ATLANTIC MARINE & INDUSTRIAL SUPPLY INC.



**FILED**

**Jan 24, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

7020 N COURTNEY PKWY.  
MERRITT ISLAND FL 32953

Mailing Address

7020 N COURTNEY PKWY.  
MERRITT ISLAND FL 32953



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3305480

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLOWINSKI, RAYMOND J  
7020 N COURTEENAY PKWY.  
MERRITT ISLAND FL 32953

Name

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

City

FL

Zip Code

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SLOWINSKI, MARY B  
STREET ADDRESS 7020 N COURTEENAY PKWY.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

Delete

TITLE U000000191648  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 01/24/05-80182-002 150.00

Change  Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Add

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary B. Slowinski* MARY B. SLOWINSKI

1/20/05 321453-1706  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR