

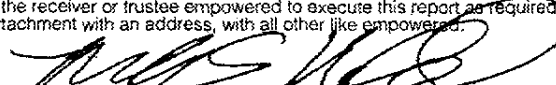


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000027897 1. Entity Name HOLLAND BOATWORKS & CONSTRUCTION, INC.																																																					
Principal Place of Business 233 LIGNUM VITAE DRIVE KEY LARGO FL 33037 US			Mailing Address 233 LIGNUM VITAE DRIVE KEY LARGO FL 33037 US																																																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																		
4. FEI Number 65-0587844				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode: 																																																	
6. Name and Address of Current Registered Agent HOLLAND, MARK 233 LIGNUM VITAE DRIVE KEY LARGO FL 33037			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;"> PSD HOLLAND, MARK 233 LIGNUM VITAE DRIVE KEY LARGO FL 33037 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HOLLAND, MARK 233 LIGNUM VITAE DRIVE KEY LARGO FL 33037	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;"> U000000041396 02/09/04-80087-022 150.00 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000041396 02/09/04-80087-022 150.00	<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:  **Jan. 29, 2004 305 453-0080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #