

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 -08:00 AM
Secretary of State

DOCUMENT # P95000070731	
1. Entity Name MORLAND MARINE INTERNATIONAL, INC.	

Principal Place of Business 202 52ND STREET HOLMES BEACH, FL 34218	Mailing Address 202 52ND STREET HOLMES BEACH, FL 34218
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0617670	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINNESS, W L
1800 SECOND STREET
SUITE 750
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature: Type or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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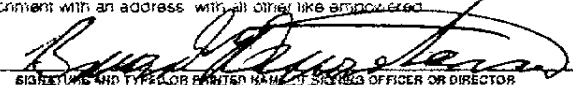
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT QUARTERMAIN, BRIAN 202 52ND STREET HOLMES BEACH, FL 34218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS QUARTERMAIN, MICHELE 202 52ND STREET HOLMES BEACH, FL 34218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/07/04-80007-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(6), 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 907, 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:  1/5/04 941-778-2255
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Printing Name