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	Mailing Address
202 52ND STREET HOLMES BEACH, FL 34218	202 52ND STREET HOLMES BEACH, FL 34218

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

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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 printed name of registered agent and, if applicable, the office address. (NOTE: Registered Agent signature required when changing)

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	QUARTERMAIN, BRIAN
STREET ADDRESS	202 52ND STREET
CITY-ST-ZIP	HOLMES BEACH, FL 34218
TITLE	VS
NAME	QUARTERMAIN, MICHELE
STREET ADDRESS	202 52ND STREET
CITY-ST-ZIP	HOLMES BEACH, FL 34218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/04-80007-018 150.00

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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: _____ 1/5/04 941-778-2255
SIGNATURE AND TYPE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
Brian Quartermain