


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90173 020 ***150.00

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	
2. Principal Place of Business 1889 N. Tamiami Trail <small>Suite, Apt. #, etc.</small>		3. Mailing Address 609 NORTH POINT DRIVE <small>Suite, Apt. #, etc.</small>	
City & State Sarasota, FL Zip 34234 Country		City & State HOLMES BEACH FL Zip 34217 Country	
4. FEI Number 65-0617670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGINNESS, W L 1800 SECOND STREET SUITE 750 SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT QUARTERMAIN, BRIAN 202 52ND STREET HOLMES BEACH, FL 34218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT QUARTERMAIN, BRIAN 609 NORTH POINT DRIVE HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUARTERMAIN, MICHELE 202 52ND STREET HOLMES BEACH, FL 34218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUARTERMAIN, MICHELE 609 NORTH POINT DRIVE HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/6/05</u> Daytime Phone # _____	

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