2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

	MITITORE:	IXEL OILI			P-	,	. ^
1. Entity Nam	MENT # P950000845 auto marine, inc.	92			Se	cretary of Stat	æ
2652 BLANE	ce of Business _ DING BLVD. LE, FL 32210	Mailing Address 2652 BLANDING BLVD. JACKSONVILLE, FL 32210				 	
E	OO NOT WRITE	CE	01182005 No Chg-P CR2E034 (10/03) 4. FEI Number			r	
BADDONE	6. Name and Address of Current Re						
BARBONE, JOHN A 2652 BLANDING BLVD. JACKSONVILLE, FL 3,2210					NOT W		
8. The above the obligat	named entity submits this statement for tr tions of registered agent.	e purpose of changing its register	L ed office or register	ed agent, or bot	h, in the State of Flo	orida. I am familiar with, and accep)t
SIGNATURE.	Signalure, typed or printed name of registered agent and	litte if applicable (NOTE: Registere	d Agent signatura required	(when reinstating)	1 140 / =	DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND DI				33. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	, , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBONE, JOHN A 2652 BLANDING BLVD. JACKSONVILLE, FL 32210				મ લે લે લે લે !	12414 c. J. r	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/13/05-	13014/7 130033-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		ve
NAME STREET ADDRESS CITY+ST-ZIP				IN "	THIS SI	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						W	*
TITLE NAME		1 4 1 (1)					-

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/25 904-387-1940 Date Daysme Prone *