


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000094714

1. Entity Name
 TEQUESTA MARINE, INC.



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| Principal Place of Business 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 US | Mailing Address 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|--|
| 4. FEI Number 65-0705275 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RUBENFELD, DAREN L
 18679 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33649

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MILLER, ROBERT L 18679 SE FEDERAL HIGHWAY TEQUESTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RUBENFELD, DAREN L 18679 SE FEDERAL HIGHWAY TEQUESTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V AUSTIN, CHRISTOPHER 18679 SE FEDERAL HIGHWAY TEQUESTA, FL |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/12/05-80029-001 158.75

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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: [Signature] 4-8-05 561-743-0014
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #