

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90734 004 ***150.00

DOCUMENT # P96000010667

1. Entity Name

SPACE MAKERS MARINE PRODUCTS, INC.



Principal Place of Business

2331 EDISON AVE.
JACKSONVILLE FL 32204

Mailing Address

2331 EDISON AVE.
JACKSONVILLE FL 32204

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)

94057697



6. Name and Address of Current Registered Agent

DOYLE, WILLIAM E
6 E. BAY ST.
SUITE 320
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

A.C. Morsch, Jr.

Street Address (B.O. Box Number is Not Acceptable)

2331 Edison Avenue

City

Jacksonville

FL

Zip Code

32204

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

Signature, typed or printed name of registered agent and title if applicable.

A.C. Morsch, Jr. Owner

(NOTE: Registered Agent signature required when reinstating)

4/16/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MORSCH, ALBERT C
STREET ADDRESS 2331 EDISON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ST ☐ Delete
NAME MORSCH, DELORIS
STREET ADDRESS 2331 EDISON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

904 387-2588

Daytime Phone #