

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90491 029 ***150.00

DOCUMENT # P96000021510

1. Entity Name
MARINE & INDUSTRIAL DIESEL, INC.



Principal Place of Business
**247 SW 33RD COURT
FORT LAUDERDALE, FL 33315**

Mailing Address
**247 SW 33RD COURT
FORT LAUDERDALE, FL 33315**

DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0648931

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, JEFORY E
247 SW 33RD COURT
FORT LAUDERDALE, FL 33315**

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	P
NAME	BURKE, DEBORAH
STREET ADDRESS	247 SW 33RD CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	VP
NAME	BURKE, JEFORY
STREET ADDRESS	247 SW 33RD COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	T
NAME	WALKER, ANDREW
STREET ADDRESS	247 SW 33RD COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/29/05
Date

954 764 4770
Daytime Phone #