

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000038626

1. Entity Name
MARINE ELECTRONICS SOLUTIONS, INC.



Principal Place of Business
1522 CRABAPPLE COVE
JACKSONVILLE, FL 32225-2500 US

Mailing Address
1522 CRABAPPLE COVE
JACKSONVILLE, FL 32225-2500 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3380039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENNEY, DONNA L
1522 CRABAPPLE COVE
JACKSONVILLE, FL 32225

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR Is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME DARR, DAVID D
STREET ADDRESS 5125 CITRUS BLVD. #144
CITY-ST-ZIP RIVER RIDGE, LA 70123 ☒ Delete

TITLE PD
NAME PENNEY, DONNA L
STREET ADDRESS 1522 CRABAPPLE COVE
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE D
NAME PENNEY, DONALD A
STREET ADDRESS 12642 MUIRFILED BLVD., NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE D
NAME MAZYCK, CLAY W JR
STREET ADDRESS 5630 LACOUR MONIQUE
CITY-ST-ZIP NEW ORLEANS, LA 70131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000038950260
07/09/04--01068--001 **\$1.25

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 reports 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 *Donna L Penney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04

Date

904-642-3905

Daytime Phone #

Amended

FILED

04 JUL -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

