

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90023 002 ***150.00

DOCUMENT # P96000042687

1. Entity Name

J M S MARINE SERVICES, INC.



Principal Place of Business

JOHN M SONNELITER
16960 DRIFTWOOD LN
SUGARLOAF KEY FL 33042
US

Mailing Address

JOHN M SONNELITER
16960 DRIFTWOOD LN
SUGARLOAF KEY FL 33042
US

2. Principal Place of Business

601 MAC LANE

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

SEBRING, FL.

City & State

Zip

33875

Country

HIGHLANDS

Zip

Country

4. FEI Number

65-0667450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONNELITER, JOHN M
16960 DRIFTWOOD LANE
SUGARLOAF KEY FL 33042

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete
NAME SONNELITER, JOHN M
STREET ADDRESS 16960 DRIFTWOOD LANE
CITY-ST-ZIP SUGARLOAF KEY FL 33042

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John M. Sonneliter JOHN M. SONNELITER 12 FEB 04 305 302 7363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #