

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90002 030 \*\*\*150.00

**DOCUMENT # P96000054579**

1. Entity Name

**Q-MARINE SERVICES, INC.**



Principal Place of Business

10 NO RAVENSFIELD LANE  
ORMOND BEACH FL 32174

Mailing Address

10 NO RAVENSFIELD LANE  
ORMOND BEACH FL 32174

**54015871**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

10 N. Ravensfield Lane

Suite, Apt. #, etc.

Ormond Beach

3. Mailing Address

10 N. Ravensfield Lane

Suite, Apt. #, etc.

Ormond Beach, FL

City & State

City & State

Zip

Country

Zip

Country

32174

USA

32174

USA

4. FEI Number

59-3387071

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

QUICK, WILLIAM W  
10 NO RAVENSFIELD LANE  
ORMOND BEACH FL 32174

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

3/4/04

**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	P	<input type="checkbox"/> Delete
NAME	QUICK, WILLIAM W.	
STREET ADDRESS	10 N. RAVENSFIELD LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUICK, CAROL A	
STREET ADDRESS	10 N RAVENSFIELD LANE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/4/04

Date

386-673-2879

Daytime Phone #