## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000077194

Entity Name: SEA TECH MARINE INT'L., INC.

FILED Feb 25, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1720 E ADAMS ST 1720 E ADAMS ST

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

PO BOX 49116 JACKSONVILLE, FL 32240

FEI Number: 59-3401572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEEKIN, GEOFFREY ESQ
C/O BARTLETT, HEEKIN, SMITH & GREEN, P. A.
1 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US
HEEKIN
C/O HE
C/O HE
P.O. BO
JACKSONVILLE, FL 32202 US

HEEKIN, GEOFFREY ESQ C/O HEEKIN, MALIN &WENZEL, P.A. P.O. BOX 477 JACKSONVILLE, FL 32201 US

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.

SIGNATURE: 02/25/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete Title: ( ) Change ( ) Addition Name: HOPKINS, THOMAS A Name:

 Name:
 HOPKINS, I HOWAS A
 Name:

 Address:
 230 15TH STREET SOUTH
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

Title: V/T () Delete Title: V/T (X) Change () Addition

Name:KOWKABANY, JOHNName:KOWKABANY, JOHN BAddress:465 TRESCA RDAddress:1720 E. ADAMS STREETCity-St-Zip:JACKSONVILLE, FL 32225City-St-Zip:JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A HOPKINS P 02/25/2004