

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90042 022 ***150.00

DOCUMENT # P96000101116

1. Entity Name
MARAUDER MARINE, INC.



Principal Place of Business
**3650 DREW LANE
NEW PORT RICHEY, FL 34652**

Mailing Address
**3650 DREW LANE
NEW PORT RICHEY, FL 34652**

44012579



2. Principal Place of Business

3. Mailing Address

01072004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3368497

Applied For
Not Applicable

Zip Country

Zip Country

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

**SCOTT, GERALD D JR
4925 LADYFISH CT
NEW PORT RICHEY, FL 34652**

Name

Street Address (P.O. Box Number is Not Acceptable)

5439 Bluepoint Dr.

City **Port Richey**

FL

Zip Code
34662

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCOTT, GERALD D JR**
STREET ADDRESS **4952 LADYFISH CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **VP** ☐ Delete
NAME **SCOTT, AMY K**
STREET ADDRESS **4952 LADYFISH CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5439 Bluepoint Dr.**
CITY-ST-ZIP **Port Richey, FL 34662**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **5439 Bluepoint Dr.**
CITY-ST-ZIP **Port Richey, FL 34662**

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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:

Gerald D. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald D. Scott 727-848-5319

Date

Daytime Phone #