


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**


04-11-2005 90138 007 \*\*\*150.00

<b>DOCUMENT # P97000017036</b>	
1. Entity Name <b>MARINE METALS CUSTOM COMPONENTS, INC.</b>	

Principal Place of Business <b>419 S.E. 6TH STREET WILLISTON, FL 32696-2741</b>	Mailing Address <b>419 S.E. 6TH STREET WILLISTON, FL 32696-2741</b>
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2. Principal Place of Business	3. Mailing Address <b>P O Box 909</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Williston FL</b>	City & State <b>Williston FL</b>
Zip <b>32696</b>	Country

	
01172005 Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-3429485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WILSON, TROY G 419 S.E. 6TH STREET WILLISTON, FL 32696-2741</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, TROY G 419 S.E. 6TH STREET WILLISTON, FL 326962741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P O Box 909 Williston FL 32696-0909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, CAROL D 419 S.E. 6TH STREET WILLISTON, FL 326962741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P O Box 909 Williston FL 32696-0909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARCINAS, MICHAEL W 419 SE 6TH STREET WILLISTON, FL 326962741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P O Box 909 Williston FL 32696-0909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** Carol D. Wilson Carol D. Wilson 4/8/05 352-528-0778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #