-2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03 2005 08:00 AM

				Τ.	1a, 05, 2005 00.00 11111
DOCUMENT # P97000018723 1. Entity Name SOUTH COAST MARINE SERVICE, INC.					Secretary of State
Principal Place 4474 WESTO STE 103 DAVIE, FL 3		Mailing Address 7600 HYANNIS LANE PARKLAND, FL 33067	-		
DO NOT WRITE IN THIS SPA			04092005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S5-0726702 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					
MOORE, KEN 7600 HYANNIS LANE POMPANO BEACH, FL 33067			DO NOT WRITE IN THIS SPACE		
 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	iile if applicable (NOTE Registere	d Agent signature required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				.00 May Be led to Fees	
10.	OFFICERS AND DIE	RECTORS	1		,
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P MOORE, KENNETH 7600 HYANNIS LANE PARKLAND, FL 33067	12.1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000360395 05/05/05-80031-025 150.00
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN."	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST+ZIP					
THLE 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 of 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: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/05 (454) 753-7505 Daytime Prone k