2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat			
DOCUMENT # P9700026156 1. Entity Name CENTRAL FLORIDA MOBILE MARINE SERVICE, INC.						er etti j	or Stat
Principal Place of Business 8511 N. GOMEZ TAMPA, FL 33614	Mailing Address 8511 N. GOMEZ TAMPA, FL 336						
DO NOT WRITE IN THIS SPA			CE	04072004 4. FEI Numb 59-343		CR2E034 (1	
6. Name and Address of THOMAS, JOHN R 8511 N GOMEZ TAMPA, FL 33614	Current Registered Agent				NOT W		
The above named entity submits this state obligations of registered agent. SIGNATURE Signature, typed or printed name of regis			ed office or registe		th, in the State of Flo	rida. I am famili	ar with, and accept
FILE NOW!!! FEE IS \$150 After May 1, 2004 Fee will be	1.00	Campaign Finar and Contribution.		.00 May Be led to Fees			
10. OFFICI IITLE D NAME THOMAS, JOHN R STREET ADDRESS 8511 N GOMEZ CITY-ST-ZIP TAMPA, FL 33614 IITLE NAME STREET ADDRESS CITY-ST-ZIP	RS AND DIRECTORS		_		U000 04/19/0	00118275 4-80053-()10 .150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP RITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>			NOT W THIS SF		
TITLE	•		-				

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

413-293-689

Daylime Phone #