
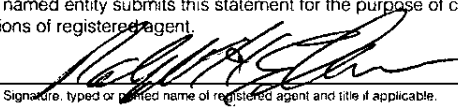


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90049 039 \*\*\*158.75

<b>DOCUMENT # P97000081446</b>			
1. Entity Name <b>ECKLER MARINE, INC.</b>			
Principal Place of Business <b>P.O. BOX 576 COCOA FL 32922 US</b>		Mailing Address <b>P.O. BOX 576 COCOA FL 32922 US</b>	
2. Principal Place of Business <b>190 Sykes Loop Dr</b>		<b>P.O. Box 541665</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Merritt Island FL</b>		City & State <b>Merritt Island, FL</b>	
Zip <b>32953</b>	Country <b>Brevard</b>	Zip <b>32954</b>	Country <b>Brevard</b>
6. Name and Address of Current Registered Agent <b>ECKLER, RALPH H 1192 POTOMAC DR MERRITT ISLAND FL 32952</b>		7. Name and Address of New Registered Agent <b>Ralph H. Eckler 190 Sykes Loop Dr. Merritt Island, FL 32953</b>	
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, 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</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Ralph H. Eckler</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ECKLER, RALPH H</b>		NAME	
STREET ADDRESS <b>1192 POTOMAC DR</b>		STREET ADDRESS <b>190 Sykes Loop Dr.</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL 32952</b>		CITY-ST-ZIP <b>Merritt Island, FL 32953</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #