

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90191 032 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P98000017652</b><br>1. Entity Name<br><b>FLORIDA BOAT SURVEYING INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>1306 VERMONT AVE<br/>TARPON SPRINGS, FL 34689</b>   |  |   | Mailing Address<br><b>PO BOX 3482<br/>HOLIDAY, FL 34690</b>        |  |  |
| 2. Principal Place of Business<br><b>5653 DARTMOUTH AV. N.</b>  |  | 3. Mailing Address<br><b>P.O. BOX 41771</b>   |  |  |  |
| Suite, Apt. #, etc.<br>   |  | Suite, Apt. #, etc.<br>   |  |  |  |
| City & State<br><b>ST. PETERSBURG FL.</b>   |  | City & State<br><b>ST PETERSBURG FL.</b>  |  | 4. FEI Number<br><b>59-3496217</b>   |  |
| Zip<br><b>33710</b>   |  | Country<br><b>PINELLAS</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                |  |
| Zip<br><b>33710-9998</b>  |  | Country<br><b>PINELLAS</b>  |  | 6. Name and Address of Current Registered Agent<br><b>ST MARTIN, THERESA<br/>1306 VERMONT AVE<br/>TARPON SPRINGS, FL 34689</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br><b>GREGORY N PACK</b>  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>5653 DARTMOUTH AV. N</b>   |  |  |  |
| City<br><b>ST. PETERSBURG</b>   |  | FL  |  | Zip Code<br><b>33710</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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Gregory N. Pack</i></u> <b>PRESIDENT</b> <span style="float: right;"><b>6-30-04</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>       |  |  |
| TITLE<br><b>P</b>   | NAME<br><b>ST. MARTIN, THERESA</b>             |   | TITLE<br><b>P</b>  | NAME<br><b>GREGORY N PACK</b>  |  |
| STREET ADDRESS<br><b>1306 VERMONT AVE</b>   | CITY-ST-ZIP<br><b>TARPON SPRINGS, FL 34689</b> |   | STREET ADDRESS<br><b>5653 DARTMOUTH AV. N</b>                      | CITY-ST-ZIP<br><b>ST. PETERSBURG FL. 33710</b>   |  |
| TITLE<br><b>VP</b>  | NAME<br><b>MARTIN, MITCHELL E</b>              |   | TITLE<br><b>VP</b>   | NAME<br><b>STEPHANIE MCFARLIN</b>  |  |
| STREET ADDRESS<br><b>1306 VERMONT AVE</b>   | CITY-ST-ZIP<br><b>TARPON SPRINGS, FL 34689</b> |   | STREET ADDRESS<br><b>5653 DARTMOUTH AV. N</b>                      | CITY-ST-ZIP<br><b>ST. PETERSBURG FL. 33710</b>   |  |
| TITLE<br>   | NAME<br>                                       |   | TITLE<br>  | NAME<br>   |  |
| STREET ADDRESS<br>  | CITY-ST-ZIP<br>                                |   | STREET ADDRESS<br>   | CITY-ST-ZIP<br>  |  |
| TITLE<br>   | NAME<br>                                       |   | TITLE<br>  | NAME<br>   |  |
| STREET ADDRESS<br>  | CITY-ST-ZIP<br>                                |   | STREET ADDRESS<br>   | CITY-ST-ZIP<br>  |  |
| TITLE<br>   | NAME<br>                                       |   | TITLE<br>  | NAME<br>   |  |
| STREET ADDRESS<br>  | CITY-ST-ZIP<br>                                |   | STREET ADDRESS<br>   | CITY-ST-ZIP<br>  |  |
| 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: <u><i>Gregory N Pack</i></u> <b>GREGORY N PACK</b>   |  |   | <b>6-30-04 727-423-7922</b><br><small>Date Daytime Phone #</small> |  |  |