## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2005 08:00 AM Secretary of State DOCUMENT # P98000022732 1. Entity Name HURTAK MARINE, INC. Principal Place of Business Mailing Address 757 SE 17 ST STE 255 FT LAUDERDALE FL 33316 757 SE 17 ST STE 255 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0824310 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HURTAK, JOSPEH 757 SE 17 ST STE 255 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33316 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE HHE Change ☐ Addition □ Delele NAME HURTAK, JOSEPH NAME U00000224543 02/11/05-80003-012 150.00 STREET ADDRESS 5121 W ORLANDO PK BLVD K-306 STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33313 CUTY-ST ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City ST-70 ☐ Delete Change Addition mu TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE HIII NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), 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:

JUSEPH POTAK RESIDENT 2 9 05 954 4833 006

SIGNATURE AND TYPED OR PRINTED NAME OF SIG