

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025084

FILED
Mar 14, 2005
Secretary of State

Entity Name: SHIPSHAPE MARINE MAINTENANCE, INC.

Current Principal Place of Business:

4715 69TH ST E
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

PO BOX 1604
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0820447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZZELLE, DAVID
4715 69TH ST E
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

EZZELLE, DAVID M
4715 69TH ST E
PALMETTO, FL 34221 US

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.

SIGNATURE: DAVID M. EZZELLE

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EZZELLE, DAVID
Address: 4715 69TH ST E
City-St-Zip: PALMETTO, FL 34221

Title: VTD () Delete
Name: EZZELLE, JUDY
Address: 4715 69TH ST E
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: EZZELLE, DAVID E
Address: 3403 6TH AVE
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EZZELLE, DAVID M
Address: 4715 69TH ST E
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. EZZELLE

PD

03/14/2005

Electronic Signature of Signing Officer or Director

Date