


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90081 008 ***150.00

DOCUMENT # P98000089889					
1. Entity Name BECK MARINE CONSTRUCTION, INC.					
Principal Place of Business 3806 B. WARD ST. JACKSONVILLE BEACH, FL 32250			Mailing Address 3806 B. WARD ST. JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business		3. Mailing Address 2444 Oak Forest Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville, FL		4. FEI Number 59-3657101	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32250	USA	32250	USA		
6. Name and Address of Current Registered Agent BECK, MICHELLE C 3806 B. WARD STREET JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Beck, Michelle C. Street Address (P.O. Box Number is Not Acceptable) 2444 Oak Forest Dr. City Jacksonville FL Zip Code 32250		
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 <u><i>Michelle C. Beck</i></u> DATE <u>4/26/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BECK, TIMOTHY J 3806 B. WARD ST. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/26/04</u> Daytime Phone # <u>904-993-3090</u>		

94068494



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