


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000101330	
1. Entity Name MARINE POLYMER GROUP, INC.	

Principal Place of Business 2812 TALLEVAST ROAD SARASOTA, FL 34243 US	Mailing Address 2812 TALLEVAST ROAD SARASOTA, FL 34243 US
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0877424	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTARD, R. DAVID ESQ
200 S ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAFRENIERE, DONALD R 6413 CARMELLA LANA SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETRAT, CARL S 3114 51 STREET SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD AZAR, KENNETH D 3634 BEARON WAY SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS HAYDEN, CINDY L 6924 26 STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PETRAT, WILLARD G 6441 CARMELLA LANE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]* 4/28/04 941-755-7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #