
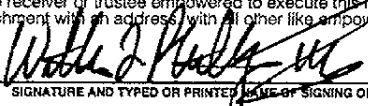


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000107007 1. Entity Name PHILLIPS MARINE SERVICES, INC.																																		
Principal Place of Business 757 SE 17TH ST SUITE 450 FORT LAUDERDALE, FL 33316 US	Mailing Address 757 SE 17TH ST SUITE 450 FORT LAUDERDALE, FL 33316 US																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent PHILLIPS, WILLIAM L 757 SE 17TH ST SUITE 450 FORT LAUDERDALE, FL 33316		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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																																
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PVD</td></tr><tr><td>NAME</td><td>PHILLIPS, WILLIAM L</td></tr><tr><td>STREET ADDRESS</td><td>757 SE. 17TH ST, SUITE 450</td></tr><tr><td>CITY - ST - ZIP</td><td>FT. LAUDERDALE, FL 33316</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	PVD	NAME	PHILLIPS, WILLIAM L	STREET ADDRESS	757 SE. 17TH ST, SUITE 450	CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		000000108415 04/12/04-80002-015 150.00
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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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;">4/3/2004 954-5545690 <small>Date Daytime Phone #</small></div>																																		