

ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90049 037 ***158.75

DOCUMENT # P99000044223

1. Entity Name
SALONEN MARINE, INC.



Principal Place of Business
17540 NE CHARLIE JOHNS ST
BLOUNTSTOWN, FL 32424

Mailing Address
17540 NE CHARLIE JOHNS ST
BLOUNTSTOWN, FL 32424

50014114



DO NOT WRITE IN THIS SPACE

02072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3575806

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALONEN, JANI P
17540 NE CHARLIE JOHNS ST
BLOUNTSTOWN, FL 32424

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 *Jani Salonen*
Signature, typed or printed name of registered agent and title if applicable.

2-7-05
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **DPS ? President**
 NAME: **SALONEN, JANI**
 STREET ADDRESS: **17540 NE CHARLIE JOHNS ST**
 CITY-ST-ZIP: **BLOUNTSTOWN, FL 32424**

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: *Jani Salonen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05
Date

904-662-3304
Daytime Phone #