

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90698 017 ***150.00

DOCUMENT # P99000091785

1. Entity Name
MARTY'S MOBILE MARINE SERVICE, INC.



Principal Place of Business
175 US ALT. HWY 19
PALM HARBOR, FL 34683

Mailing Address
175 US ALT. HWY 19
PALM HARBOR, FL 34683



2. Principal Place of Business
6099 Overseas Hwy.
Suite, Apt. #, etc.
54 East
City & State
Marathon, FL
Zip
33050
Country
USA

3. Mailing Address
6099 Overseas Hwy.
Suite, Apt. #, etc.
54 East
City & State
Marathon, FL
Zip
33050
Country
USA

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3602119
Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

PFEIFER, MARTIN J
175 US ALT. HWY 19
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
Pfeifer, Martin J.
Street Address (P.O. Box Number is Not Acceptable)
6099 Overseas Hwy.
54 East
City
Marathon FL Zip Code
33050

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 acknowledge the obligations of registered agent.

SIGNATURE: Martin J. Pfeifer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PFEIFER, MARTIN J	
STREET ADDRESS	175 US ALT. HWY 19	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VCM	<input type="checkbox"/> Delete
NAME	PFEIFER, CONNIE	
STREET ADDRESS	175 US ALT HWY 19	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	S	<input type="checkbox"/> Delete
NAME	WIMMER, MICKEY	
STREET ADDRESS	2920 ALT 19 NORTH LOT 91	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	Martin J. Pfeifer	
STREET ADDRESS	6099 Overseas Hwy, 54E.	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	VCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	Connie Pfeifer	
STREET ADDRESS	6099 Overseas Hwy. 54E.	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin J. Pfeifer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (305) 393-5902

Date

Daytime Phone #