

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90003 035 ***550.00

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1. Entity Name

AVANZA-MARINE-CORP.



Principal Place of Business

6000 N. US-1
MELBOURNE FL 32940

Mailing Address

6000 N. US-1
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3607322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAMELL, DOUGLAS W
6000 N. US-1
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME TRAMELL, DOUGLAS W
STREET ADDRESS 609 GINA LANE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **ROACH, RAYMOND H.**
CITY-ST-ZIP **618 ROSSMOOR CIRCLE**
MELBOURNE, FL. 32940

TITLE VPST ☐ Delete
NAME PANNING, COLE E
STREET ADDRESS 407 ARUBA COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition
NAME **VIC PRESIDENT**
STREET ADDRESS **TRAMELL, DOUGLAS W.**
CITY-ST-ZIP **609 GINA LANE**
MELBOURNE, FL. 32940

TITLE VP ☐ Delete
NAME **ROACH, RAYMOND H.**
STREET ADDRESS **618 ROSSMOOR CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RH Roach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 321-253-4050

Date

Daytime Phone #