


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90035 030 \*\*\*150.00

<b>DOCUMENT # S00858</b>	
<b>1. Entity Name</b> <b>MEUNIER MARITIME CORPORATION</b>	

<b>Principal Place of Business</b> 8006 STARGRASS COURT JACKSONVILLE FL 32210	<b>Mailing Address</b> 8006 STARGRASS COURT JACKSONVILLE FL 32210
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<b>2. Principal Place of Business</b> 652 WELLHOUSE DR Suite, Apt. #, etc.	<b>3. Mailing Address</b> 652 WELLHOUSE DR Suite, Apt. #, etc.
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<b>City &amp; State</b> JACKSONVILLE, FL	<b>City &amp; State</b> JACKSONVILLE, FL
<b>Zip</b> 32220	<b>Country</b> DUVAL
<b>Zip</b> 32220	<b>Country</b> DUVAL


<b>4. FEI Number</b> 59-3029100	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> MEUNIER, ALFRED J. 8006 STARGRASS COURT JACKSONVILLE FL 32210
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<b>7. Name and Address of New Registered Agent</b>
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:  DATE: 6 FEB 2004

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<b>NAME</b> MEUNIER, ALFRED J. <b>STREET ADDRESS</b> 8006 STARGRASS COURT <b>CITY-ST-ZIP</b> JACKSONVILLE FL
<input type="checkbox"/> Delete	
<b>TITLE</b> V	<b>NAME</b> MASCI, ANGELA B <b>STREET ADDRESS</b> 4642 GREAT WESTERN WAY <b>CITY-ST-ZIP</b> JACKSONVILLE FL
<input type="checkbox"/> Delete	
<b>TITLE</b> ST	<b>NAME</b> MEUNIER, LINDA <b>STREET ADDRESS</b> 8006 STARGRASS COURT <b>CITY-ST-ZIP</b> JACKSONVILLE FL
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>NAME</b> MEUNIER, ALFRED J. <b>STREET ADDRESS</b> 652 WELLHOUSE DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32220
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST	<b>NAME</b> MEUNIER LINDA <b>STREET ADDRESS</b> 652 WELLHOUSE DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32220
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:**

ALFRED J. MEUNIER PRES 2/12/04 904-388-3650