


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90027 039 \*\*\*150.00

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

**66002813**



01202005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3029100</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired.. <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**DO NOT WRITE IN THIS SPACE**

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MEUNIER, ALFRED J.<br/>8006 STARGRASS COURT<br/>JACKSONVILLE, FL 32210</b> |
|--|

**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  DATE **1/20/05**  
(NOTE: Registered Agent signature required when re-registering)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MEUNIER, ALFRED<br>652 WELLHOUSE DRIVE<br>JACKSONVILLE, FL 32220 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MASC, ANGELA B<br>4642 GREAT WESTERN WAY<br>JACKSONVILLE, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MEUNIER, LINDA<br>652 WELLHOUSE DR<br>JACKSONVILLE, FL 32220     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**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:  **25 FEB 2005** **904 388 3690**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone