

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # S34019

1. Entity Name
AMERICAN MARINE CONSULTANTS, INC.



Principal Place of Business
**1910 GULF SHORE BLVD. NORTH, #103
NAPLES, FL 34102 US**

Mailing Address
**1910 GULF SHORE BLVD. NORTH, #103
NAPLES, FL 34102 US**

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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0266024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHER, MICHAEL
1910 GULF SHORE BLVD NORTH, #103
3003 NORTH TAMiami TRAIL, SUITE 270
NAPLES, FL 33940**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000116549
04/16/04-80069-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FISHER, MICHAEL
1910 GULF SHORE BLVD. N. #103
NAPLES, FL 33940**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 239-434-9080

Date

Daytime Phone #