

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90006 026 \*\*\*158.75

**DOCUMENT # V07159**

1. Entity Name

**MARINE SERVICING CORPORATION**



Principal Place of Business

**POST OFFICE BOX 2411  
TAMPA FL 33601-2411**

Mailing Address

**POST OFFICE BOX 2411  
TAMPA FL 33601-2411**

**54025025**



**MOORE CR2E034 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3109774**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FOSTER, CYNTHIA J.  
4314 S THATCHER AVE.  
TAMPA FL 33611**

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 reconstituting)

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

TITLE V ☐ Delete  
NAME FOSTER, CYNTHIA J.  
STREET ADDRESS 4314 S THATCHER AVE.  
CITY-ST-ZIP TAMPA FL 33611

TITLE S ☒ Delete  
NAME FOSTER, RICHARD WESLEY  
STREET ADDRESS 4775 DISTRIBUTION DR  
CITY-ST-ZIP TAMPA FL 33605

TITLE T ☐ Delete  
NAME FOSTER, CAMERON KELLY  
STREET ADDRESS 4775 DISTRIBUTION DR  
CITY-ST-ZIP TAMPA FL 33629

TITLE P ☐ Delete  
NAME FOSTER, M.R. STEPHEN JR.  
STREET ADDRESS 4314 S THATCHER AVENUE  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE S/T ☒ Change ☐ Addition  
NAME FOSTER, CAMERON KELLY  
STREET ADDRESS 4775 DISTRIBUTION DR  
CITY-ST-ZIP TAMPA, FL 33629

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

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

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:**

*Cynthia J. Foster*

**Cynthia J. Foster (813)248-1495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/25/04

Daytime Phone #