## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # V12522** 1. Entity Name TED'S MARINE SERVICE, INC. Principal Place of Business Mailing Address 800 N.E. 3RD ST 800 N.E. 3RD ST **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 03092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0348038 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, THEODORE G. DO NOT WRITE 800 N.E. 3RD ST. **BOYNTON BEACH, FL 33435** 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPS MILLER, THEODORE G. NAME STREET ADDRESS 800 N.E. THIRD ST. CITY-ST-ZIP BOYNTON BEACH, FL TITLE UN0000291234 - 14707705-80022-021 150.00 MILLER, THEODORE G. NAME STREET ADDRESS 800 N.E. THIRD ST. CITY-ST-ZIP BOYNTON BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 17TY-ST-719

SIGNATURE: THEWARE SIGNING OFFICER OR DIRECTOR