

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91209 037 ***150.00

DOCUMENT # V41726

1. Entity Name
SERVICE ONE MARINE, INC.



Principal Place of Business
**1300 SUNSET POINT ROAD
CLEARWATER, FL 33755**

Mailing Address
**1300 SUNSET POINT ROAD
CLEARWATER, FL 33755**

Z4UBb1b4



2. Principal Place of Business
1474 OHIO AVE
Suite, Apt. #, etc.

3. Mailing Address
1474 OHIO AVE
Suite, Apt. #, etc.

05012004 Chg-P CR2E034 (10/03)

City & State
DUNEDIN FL
Zip **34698** Country **FLORIDA**

City & State
DUNEDIN FL
Zip **34698** Country **FLORIDA**

4. FEI Number
59-3180514
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLEK, RICHARD A
1992 BONNIE CT
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **POMIANOWSKI, MARK J.**
STREET ADDRESS **1474 OHIO AVE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **D** ☐ Delete
NAME **POMIANOWSKI, DAWN E**
STREET ADDRESS **1474 OHIO AVE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone #