


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90027 032 ***150.00

DOCUMENT # P15759

1. Entity Name
RADCLIFF/ECONOMY MARINE SERVICES, INC.



Principal Place of Business Mailing Address

~~PO BOX 3064~~ **115 Cochran Causeway** PO BOX 3064
 MOBILE, AL ~~36652~~ **36601** US MOBILE, AL 36652 US

24012369



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
63-0956628 Not Applicable

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

6. Name and Address of Current Registered Agent

RADCLIFF, B. GREER
3100 BARRANCAS AVENUE
PENSACOLA, FL 32507

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	RADCLIFF, B. GREER
STREET ADDRESS	5 SOUTH WATER ST 115 Cochran Causeway
CITY-ST-ZIP	MOBILE, AL 36602 36601
TITLE	T
NAME	BARTON, JAMES F.
STREET ADDRESS	5 SOUTH WATER ST 115 Cochran Causeway
CITY-ST-ZIP	MOBILE, AL 36602 36601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: *B. Greer Radcliff* **B. Greer Radcliff** 2/12/2004 251-433-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #