## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Feb 14, 2006 08:00 AM

1. Entity Nam	ARINE SERVICE, INC.		Secretary of State	
3617 BURTO NAVARRE, FI	ON CIRCLE 3617 BURTON CIRCLE L 32566 NAVARRE, FL 32566		R HUMBSTWAR STI. BRITI. ACERI) MANIF MAITE MAINE MAINE EINES MINDEN HISBUS (1835 HURS) HURS HIBBE 20 INDR)	
D	OO NOT WRITE IN THIS SE	PACE	02052006 No Chg-P CR2E034 (11/D5)  4. FEL Number Applied For Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required	
	Name and Address of Current Registered Agent			
3617 BUR	CHARLOTTE R TON CIRCLE E, FL 32566		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, typied or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstituting) DATE				
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5  Trust Fund Contribution.   Add			00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS			
title Name Street address City-St- <b>23</b> 9	COSTA, JOSEPH A 3617 BURTON CIRCLE NAVARRE, FL 32566			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V COSTA, CHARLOTTE R 3617 BURTON CIRCLE NAVARRE, FL 32568		U00000434171 02/24/06-80047-024 150.00	
name Name Street address City-St-Zip			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			
Title Name Street address City-St-Zip				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

2-9-06

370-582-260

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR