| DOCUMENT # 827192 1. Entity Name THE MARINER GROUP, INC. Principal Place of Business 13451 MCGREGOR BLVD 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919 FORT MYERS, FL 33919 FORT MYERS, FL 33919 O1272004 No Chg-P CR2E034 (1 4. FE! Number 34-1089734 5. Certificate of Status Desired | 2004 FOR PROFIT CORPORATION ANNUAL REPORT | | | FILED Mar 08, 2004 08:0 Secretary of Sta | | |
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| 1345 INCORECOR BLVD SUITE #27 FORT MYERS, FL 33919 1345 INCORECOR BLVD SUITE #27 FORT MYERS, FL 33919 DO NOT WRITE IN THIS SPACE 01272004 No Gr.g. P CR2E024 (1 4. FC: Number 34-1089734 01272004 No Org. P CR2E024 (1 4. FC: Number 34-1089734 01272004 No Org. P CR2E024 (1 4. FC: Number 34-1089734 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE NORT MYERS, FL 33919 NOT MYERS, FL 33919 No CREECOR BLVD, SUITE 27 FORT MYERS, FL 33919 No CREECOR BLVD, SUITE 27 FORT MYE | ty Name | | | | · | |
| Control of the second | 1 MCGREGOR BLVD #27 | 13451 MCGREGOR BLVD SUITE #27 | | | | |
| TEN BROECK, ALLEN G 13451 MCOREGOR BLVD SUITE #27 FORT MYERS, FL 33919 DO NOT WRITE IN THIS SPACE 4. The ablow named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familia the obligations of registered agent. Immediate the purpose of changing its registered agent, or both, in the State of Florida. 1 am familia the obligations of registered agent. SIGNATURE Signature, hord or privative agent and the 1 application. Immediate the obligations of registered agent, or both, in the State of Florida. 1 am familia the obligations of registered agent. SIGNATURE Signature, hord or privative agent and the 1 application. Immediate the obligation of the purpose of changing financing Trust Fund Constribution. State of Florida. 1 am familia state of Florida. 1 am familia the obligations of registered agent. INIL CM TAYLOR, ROBERT M. State ADMESS 9. Election Campaign Financing Trust Fund Constribution. State of Florida. 1 am familia state ADMESS INIL CM TAYLOR, ROBERT M. State ADMESS CM TAYLOR, ROBERT M. TAYLOR, ROBERT M. State ADMESS UDDDDDDBB0852 03/08/04-80126-006 INIL AS State ADMESS TAYLOR, ROBERT M. TAYLOR, State ADMESS State ADMESS State ADMESS TAYLOR, ROBERT M. State ADMESS State ADMESS State ADMESS State ADMESS TAYLOR, ROBERT M. State ADMESS State ADMESS State ADMESS State ADMESS< | DO NOT WRITE I | N THIS SPACE | 01272004 4. FEI Numb 34-108 | No Chg-P er 19734 | CR2E034 (10/03) | |
| Inter obligations of registered agent SIGNATURE Signature, hopd of privad nume of registered agent and tile if applicative After May 1, 2004 Fee will be \$550.00 INOTE Registered Agent sphalture required wave individuing) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Implicative Tust Fund Contribution. Implicative Status Fund Contribution. Implicative Added to Fees 10. OFFICERS AND DIRECTORS INLE TAYLOR, ROBERT M. SINET ADDRSS SINET MORES TAYLOR, ROBERT M. SINET ADDRSS SINET ADDRSS UDDDDDDD080852 03/08/04-80128-000 TEN BROEK, ALLEN G SINET ADDRSS TEN BROEK, ALLEN G SINET ADDRSS SINET ADDRSS L'UD, SUITE 27 CIT-ST-2P FORT MYERS, FL 33919 INTLE AS SUSZEK, LINDA M SINET ADDRSS SINET ADDRSS CIT-ST-2P ON TOT WRITE FORT MYERS, FL 33919 INTLE AS SUSZEK, LINDA M SINET ADDRSS CIT-ST-2P SINET ADDRSS CIT-ST-2P INTLE AS SUSZEK, LINDA M SINET ADDRSS SINET ADDRSS CIT-ST-2P INTLE AS SUSZEK, LINDA M SINET ADDRSS SINET ADDRSS CIT-ST-2P INTLE AS SUSZEK, LINDA M SINET ADDRSS SINET ADDRSS < | BROECK, ALLEN G 1 MCGREGOR BLVD E #27 | stered Agent | | | | |
| NAME TAYLOR, ROBERT M. STREET ADDRESS CITY ST-2P FORT MYERS, FL 33919 ITTLE PS NAME TEN BROEK, ALLEN G SINELI ADDRESS CITY ST-2P FORT MYERS, FL 33919 ITTLE AS SUSZEK, LINDA M SUSZEK, LINDA M SIREL ADDRESS CITY ST-2P ITTLE NAME SIREL ADDRESS CITY ST-2P ITTLE NAME SIREL ADDRESS CITY ST-2P | OFFICERS AND DIRE | Trust Fund Contribution. | \$5.00 May Be Added to Fees | | | |
| CITY-ST-2P FORT MYERS, FL 33919 03/08/04-80126-00F | OFFICERS AND DIRE CM TAYLOR, ROBERT M. | ICTORS | L Added to Fees | lippood | | |
| NAME SUSZEK, LINDA M 13451 MCGREGOR BLVD, SUITE 27 FORT MYERS, FL 33919 IIILE NAME SIREE ADDRESS CITY-ST-ZIP IIILE NAME SIREE ADDRESS CITY-ST-ZIP IIILE NAME SIREE ADDRESS CITY-ST-ZIP | ZP FORT MYERS, FL 33919 PS TEN BROEK, ALLEN G DDRESS 13451 MCGREGOR BLVD, SUITE 23 ZP FORT MYERS, FL 33919 | | | 03/08/04-8 | 0126-006 158.75 | |
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| NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | IN ' | THIS SP/ | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under gath, that I am an | ZIP | | | | an an ann an Anna an An | |
| 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 Bloc changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Qua J. J. B.C. 2 (10 04 239+481-2011 | | | | | | |

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