

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 010 ***150.00

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04112007 Chg-P CR2E034 (12/06)

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|--|--|--|--|--|--|
| DOCUMENT # 827192 1. Entity Name THE MARINER GROUP, INC. | | | | | |
| Principal Place of Business 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919 | | | Mailing Address 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 34-1089734 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent TEN BROECK, ALLEN G 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 10. OFFICERS AND DIRECTORS | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | TITLE CM <input type="checkbox"/> Delete NAME TAYLOR, ROBERT M. STREET ADDRESS 13451 MCGREGOR BLVD, SUITE 27 CITY-ST-ZIP FORT MYERS, FL 33919 | | TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joe Blacketer STREET ADDRESS 8270 College Parkway Suite 105 CITY-ST-ZIP Fort Myers FL 33919 | |
| TITLE PS <input type="checkbox"/> Delete NAME TEN BROEK, ALLEN G STREET ADDRESS 13451 MCGREGOR BLVD, SUITE 27 CITY-ST-ZIP FORT MYERS, FL 33919 | | TITLE AS <input checked="" type="checkbox"/> Delete NAME SUSZEK, LINDA M STREET ADDRESS 13451 MCGREGOR BLVD, SUITE 27 CITY-ST-ZIP FORT MYERS, FL 33919 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 4/11/07 239 401 2011 <small>Date Daytime Phone #</small> | |