


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F01000000420 1. Entity Name NOTHING TO TALK ABOUT MARINERS, INC. |  |
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| Principal Place of Business 5208 E. FOWLER AVENUE TEMPLE TERRACE, FL 33617 | Mailing Address 5208 E. FOWLER AVENUE TEMPLE TERRACE, FL 33617 |
|--|--|

DO NOT WRITE IN THIS SPACE



07272005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 51-0392139 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LEVINE, BARRY C
5208 E. FOWLER AVENUE
TEMPLE TERRACE, FL 33617

**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)
Signature, typed or printed name of registered agent and title if applicable DATE

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD LEVINE, BARRY C 5208 E. FOWLER AVENUE TEMPLE TERRACE, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date Daytime Phone #