

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F020000Q4493**

1. Entity Name  
**MARINO'S TOOLS & ELECTRONICS, INC.**



Principal Place of Business

**ROUTE 13 OUTLET  
LAUREL, DE 19956**

Mailing Address

**5015 NORTH FRONTAGE ROAD  
LAKELAND, FL 33810**



03182003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0336598**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARINO, FRANK D  
5015 NORTH FRONTAGE ROAD  
LAKELAND, FL 33810-YW02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CP  
MARINO, FRANK D  
5015 NORTH FRONTAGE ROAD  
LAKELAND, FL 33810**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VCST  
MARINO, LISA ANN D  
5015 NORTH FRONTAGE ROAD  
LAKELAND, FL 33810**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
MARINO, DENNIS LEE  
5015 NORTH FRONTAGE ROAD  
LAKELAND, FL 33810**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/27/04-80003-012 150.00

**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: *Lisa Marino* *Lisa Marino* 5-25-04 863-802-8387