
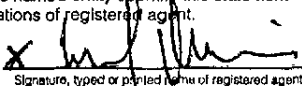
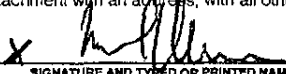


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000004493</b> 1. Entity Name <b>MARINO'S TOOLS &amp; ELECTRONICS, INC.</b>		
Principal Place of Business <b>ROUTE 13 OUTLET LAUREL, DE 19956</b>		Mailing Address <b>5015 NORTH FRONTAGE ROAD LAKELAND, FL 33810</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MARINO, FRANK D 5015 NORTH FRONTAGE ROAD LAKELAND, FL 33810-YW02</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <b>FRANK D. MARINO</b> <b>8-5-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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		
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:  <b>8-5-05</b> <b>863-882-8847</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0336598**

Applied For  
Not Applicable

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

U00000376488  
08/15/05-80007-021 558.75

**DO NOT WRITE  
IN THIS SPACE**