

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000452

1. Entity Name
MARINERS CAPITAL INC



Principal Place of Business
2431 WEST COAST HIGHWAY, SUITE 205
NEWPORT BEACH, CA 92663

Mailing Address
2431 WEST COAST HIGHWAY, SUITE 205
NEWPORT BEACH, CA 92663



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2355816

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11000000199468
01/27/05-80090-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLSON, STEVEN E 2431 WEST COAST HIGHWAY, SUITE 205 NEWPORT BEACH, CA 92663
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATHISRU, MICHAEL J 2431 WEST COAST HIGHWAY, SUITE 205 NEWPORT BEACH, CA 92663
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Jan. 2005 (949) 764-0118

Date

Daytime Phone #