


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G54777
 1. Entity Name
MARINE TOURS, INC.



Principal Place of Business Mailing Address
25 CAUSEWAY BLVD **P.O. BOX 3339**
SLIP 17 & 18 **CLEARWATER, FL 33767 US**
CLEARWATER, FL 33767 US



01122006 No Chg-P CR2E034 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
05-0356259 Not Applicable

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

6. Name and Address of Current Registered Agent
KELLY, PAUL
667 BAY ESPLANADE
~~#6~~
CLEARWATER, FL 33767

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000480481
 04/10/06-810045-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLEY, PAUL
STREET ADDRESS	667 BAY ESPLANADE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VSTD
NAME	KELLEY, TRACEY
STREET ADDRESS	667 BAY ESPLANADE
CITY-ST-ZIP	CLEARWATER, FL
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 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: *Paul Kelly* 3.17.06 727-446-3238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #