


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90075 004 \*\*\*158.75

**DOCUMENT # J53929**

1. Entity Name  
**MARINERS SERVICE CORPORATION**



Principal Place of Business      Mailing Address

3338 - 4TH STREET NORTH      3338 - 4TH STREET NORTH  
 ST. PETERSBURG, FL 33704      ST. PETERSBURG, FL 33704

**DO NOT WRITE IN THIS SPACE**



0106:2006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2769767</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required.

6. Name and Address of Current Registered Agent

LANE, RICHARD A.  
 3338 - 4TH STREET NORTH  
 ST. PETERSBURG, FL 33704

**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 of registered agent or registered office if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LANE, RICHARD 4530 - 13TH WAY N.E. ST. PETERSBURG, FL
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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 address, with all other like empowered.

**SIGNATURE:** *Ra* \_\_\_\_\_ **1/19/06** **727-295-9874**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #