

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90001 011 ***150.00

DOCUMENT # J79097

1. Entity Name

MARINER MARINE SERVICE, INC.



Principal Place of Business

3416 S BEACH DR
TAMPA, FL 33629

Mailing Address

P.O. BOX 10147
TAMPA, FL 33679



03072003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2780957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCFERON, CLARENCE B JR
3514 VASCONIA ST.
TAMPA, FL 33629

**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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCFERON, CLARENCE
STREET ADDRESS	3514 VASCONIA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	V
NAME	MCFERON, DENNIS C
STREET ADDRESS	3821 CORONA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	ST
NAME	MCFERON, JOSEPHINE C
STREET ADDRESS	3416 S. BEACH DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Josephine C. McFeron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-04 837-0997