

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90267 020 ***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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

MCFERON, CLARENCE B JR

~~3514 VASCONIA ST~~
~~TAMPA FL 33629~~

3416 S. BEACH DR.
TAMPA, FL 33629

Name

C.B. McFeron, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3416 BEACH DR. SOUTH

TAMPA

City

FL

Zip Code

33629

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 consulting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCFERON, CLARENCE
STREET ADDRESS ~~3514 VASCONIA STREET~~
CITY-ST-ZIP TAMPA FL 33629
3416 S. BEACH DR.
TAMPA, FL.
33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MCFERON, DENNIS C
STREET ADDRESS 3821 CORONA STREET
CITY-ST-ZIP TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Josephine C. McFeron

3-20-06

Date

Daytime Phone #

813.

837.0997