

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # J95549


1. Entity Name
MARINA BEACH ASSOCIATES, INC.



Principal Place of Business Mailing Address

% BRADLEY C. MULLINS **% BRADLEY C. MULLINS**
6800 SUNSHINE SKYWAY LANE **6800 SUNSHINE SKYWAY LANE**
ST. PETERSBURG, FL 33711 US **ST. PETERSBURG, FL 33711 US**

DO NOT WRITE IN THIS SPACE



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2853913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MULLINS, BRADLEY C.
6800 SUNSHINE SKYWAY LANE
ST. PETERSBURG, FL 33711

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006

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

U00000569224
 07/11/06-80017-005 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MULLINS, JEROME J. 401 N. CARROLL ST MADISON, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MULLINS, CAROL M. 401 N. CARROLL ST MADISON, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLINS, JEROME J JR. 6800 SUNSHINE SKYWAY LANE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE: *Carol M. Mullins* **Carol M. Mullins** **7/6/06** **608-257-0681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #