

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # J95549	
1. Entity Name MARINA BEACH ASSOCIATES, INC.	

Principal Place of Business % BRADLEY C. MULLINS 6800 SUNSHINE SKYWAY LANE ST. PETERSBURG, FL 33711 US	Mailing Address % BRADLEY C. MULLINS 6800 SUNSHINE SKYWAY LANE ST. PETERSBURG, FL 33711 US
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2853913	Applied For <input type="checkbox"/> 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**

**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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000741088 05/15/07-80015-004 150.00
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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	

**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: *Carol M. Mullins* Carol M. Mullins 4/27/07 608-257-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #