

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95549

FILED
Apr 13, 2009
Secretary of State

Entity Name: MARINA BEACH ASSOCIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

New Mailing Address:

% BRADLEY C. MULLINS
401 NORTH CARROLL STREET
MADISON, WI 53703 US

Current Mailing Address:

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

FEI Number: 59-2853913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MULLINS, CAROL M.
Address: 401 N. CARROLL ST
City-St-Zip: MADISON, WI

Title: V () Delete
Name: MULLINS, JEROME J JR.
Address: 6800 SUNSHINE SKYWAY LANE
City-St-Zip: ST PETERSBURG, FL

Title: PS () Delete
Name: MULLINS, CAROL M
Address: 401 N CARROLL ST
City-St-Zip: MADISON, WI 53703

Title: D () Delete
Name: MULLINS, MAUREEN A
Address: 401 N CARROLL ST
City-St-Zip: MADISON, WI 53703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M MULLINS

DT

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date