

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 26, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L39580**

1. Entity Name  
**DANA MARINE LABORATORY, INC.**



Principal Place of Business

% IRVING L. NAVARRE  
344 RIO VISTA CT  
TAMPA, FL 33604

Mailing Address

% IRVING L. NAVARRE  
344 RIO VISTA CT  
TAMPA, FL 33604



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2988982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent

NAVARRE, IRVING L.  
344 RIO VISTA CT  
TAMPA, FL 33604

**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 Naomi R. Navarre

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/05

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME NAVARRE, NAOMI R.  
STREET ADDRESS 344 RIO VISTA CT  
CITY-ST-ZIP TAMPA, FL

TITLE D  
NAME NAVARRE, IRVING L.  
STREET ADDRESS 344 RIO VISTA CT  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000146228  
01/26/05-80061-011 150.00

**DO NOT WRITE  
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)(f), 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: Naomi R. Navarre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/05 President 813-234-0411