

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 24, 2004  
Secretary of State**

DOCUMENT# N03000007123

Entity Name: MOTHERS OF MARINES, INC.

**Current Principal Place of Business:**

3185 EDGEMOOR DR  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

3185 EDGEMOOR DR  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 11-3710216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DREYER, KATHLEEN  
4165 MALLARD DR  
SAFETY HARBOR, FL 34695      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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ELLISON, CAROL  
Address: 3185 EDGEMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: DV      ( ) Delete  
Name: DREYER, KATHLEEN  
Address: 4165 MALLARD DR  
City-St-Zip: SAFTY HARBOR, FL 34695

Title: DS      ( ) Delete  
Name: WHITMAN, LAUREN  
Address: 1607 PARKSIDE DR  
City-St-Zip: CLEARWATER, FL 33756

Title: DT      ( ) Delete  
Name: BRUNELLE, DEBORAH  
Address: 6026 MORNAY DR  
City-St-Zip: TAMPA, FL 33615

**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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ELLISON

DIR

07/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date