

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2005
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 (X) Delete
Name: WHITMAN, LAUREN
Address: 1607 PARKSIDE DR
City-St-Zip: CLEARWATER, FL 33756

Title: DT (X) 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: KATHLEEN DREYER

DV

04/17/2005

Electronic Signature of Signing Officer or Director

Date