# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000010026

1. Entity Name
TRANSMARINE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2219 MAGNOLIA DRIVE<br>DELAND, FL 32724 | 2219 MAGNOLIA DRIVE<br>DELAND, FL 32724 |

## DO NOT WRITE IN THIS SPACE

02102006    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-3625125 | Not Applicable |

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, DOROTHY D
2219 MAGNOLIA DRIVE
DELAND, FL 32724

## 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 _Dorothy D. Rice_

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.                OFFICERS AND DIRECTORS

| TITLE | PST |
|---|---|
| NAME | RICE, DOROTHY D |
| STREET ADDRESS | 2219 MAGNOLIA DRIVE |
| CITY-ST-ZIP | DELAND, FL 32724 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

(00000458312
03/17/06-80037-025 150.00

## 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: _Dorothy D. Rice_ DOROTHY D. RICE    3-2-06    386-736-0646