

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90351 025 ***150.00

DOCUMENT # P00000043162

1. Entity Name
MARINA ENTERPRISES, INC.



Principal Place of Business
307 FLAGLER AVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
% LOU BENDIST
132 WAVERLY PLACE
ORLANDO, FL 32806

20049276



2. Principal Place of Business
% Lou Bendist
Suite, Apt. #, etc.

3. Mailing Address
132 Waverly Place
Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State
ORLANDO FL.

City & State
ORLANDO FL.

4. FEI Number
59-3642965

Applied For
Not Applicable

Zip
32806

Country
USA

Zip
32806

Country
USA

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

6. Name and Address of Current Registered Agent

BENOIST, LOU
132 WAVERLY PL.
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]* LOU BENOIST

4/3/05

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, 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 PD
NAME BENOIST, LOU
STREET ADDRESS 132 WAVERLY PL.
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE VD
NAME BENOIST, LEONEL
STREET ADDRESS 132 WAVERLY PL.
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE STD
NAME BENOIST, JUDITH
STREET ADDRESS 132 WAVERLY PL.
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05