


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90377 013 \*\*\*150.00

DOCUMENT # <b>PO00000043162</b>	
1. Entity Name <b>MARINA ENTERPRISES INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>307 Eagle Ave</b>		3. Mailing Address <b>90200 BENOIST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>132 WAVERLY PL</b>	
City & State <b>New Smyrna Beach</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32869</b>	Country <b>USA</b>	Zip <b>32806</b>	Country <b>USA</b>

CR2E034B (8/05)

4. FEI Number <b>59-3642965</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>LOU BENOIST</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>132 WAVERLY PL</b>	
	City <b>Orlando FL</b>	Zip Code <b>32806</b>

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 <b>LOU BENOIST</b> <i>LOU BENOIST</i>	DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>LOU E. BENOIST</b> <b>132 WAVERLY PL</b> <b>ORLANDO FL 32806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Judith Leavel BENOIST</b> <b>14661 Canopy Drive</b> <b>Tampa FL 32626</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Judith BENOIST</b> <b>132 Waverly Pl</b> <b>Orlando FL 32806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.			
SIGNATURE: <b>LOU BENOIST</b> <i>LOU BENOIST</i>	Date <b>4/21/06</b>	Daytime Phone # <b>4074819859</b>	