2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014377

Entity Name: MARLIN ONE, INC.

Name:

Address:

City-St-Zip:

804 8TH AVE

NEW SMYRNA BEACH, FL 32169

Apr 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 EAST CIR NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** 100 EAST CIR NEW SMYRNA BEACH, FL 32169 FEI Number: 59-3701529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILEY, ROBERT W 100 EAST CIR NEW SMYRNA BEACH, FL 32169 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILEY, ROBERT W Name: Name: 100 EAST CIR Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ALLEN, ROBERT E Name: 650 WELLESLEY COURT Address: Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: Title: Title: SD () Delete SD (X) Change () Addition HALL, FRANK HALL, FRANK Name: Name: 110 RICHPORT LANE 379 FREEMAN ST Address: Address: City-St-Zip: EDGEWATER, FL 32131 City-St-Zip: NEW SMYRNA BEACH, FL 32168 Title: () Delete Title: () Change () Addition SMITH, MICKEY

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT W WILEY **PRES** 04/21/2004