

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-27-2005 90044 045 ***150.00

DOCUMENT # P04000044772 1. Entity Name MARLINE, INC.			
Principal Place of Business 3617 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990		Mailing Address 3617 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990	
2. Principal Place of Business 4384 SW THICKET CT		3. Mailing Address 441 SW WHITMORE DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PALM CITY FL		City & State PORT ST. LUCIE FL	
Zip 34990		Zip 34984	
Country USA		Country USA	
4. FEI Number 04-3786989		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name CAROLINE M. KNUDSEN Street Address (P.O. Box Number is Not Acceptable) 441 SW WHITMORE DR. City PORT ST. LUCIE FL Zip Code 34984	
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 <i>Caroline M. Knudsen</i> CAROLINE M. KNUDSEN 7/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTRUGLIO, FRANK J 3617 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTRUGLIO, FRANK J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4384 SW THICKET CT PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNUDSEN, WILLIAM H 3617 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM H. KNUDSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 441 SW WHITMORE DR PORT. ST LUCIE FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOTRUGLIO, MARGARET R 3617 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOTRUGLIO, MARGARET R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4384 SW THICKET CT PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNUDSEN, CAROLINE M 3617 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNUDSEN, CAROLINE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 441 SW WHITMORE DR PORT ST. LUCIE FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Caroline M. Knudsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/25/05 Daytime Phone # 772-344-7446	
CAROLINE M. KNUDSEN			

50057755



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