2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

,				7	Secre	tary of State
1. Entity Nam	MENT # P9300001436 MARINE, INC.	2				
Principal Plac	ce of Business M	ailing Address		1		
1555 APEX		555 APEX RD				
SARASOTA, I	FL 34240	GARASOTA, FL 34240				
					336	
}				}		Personal Manage Little Alle (ABIGE) IN 1881
Г	O NOT WRITE II	CE	4. FEI Number	No Chg-P	CR2E034 (11/05) Applied For	
				65-3095		Not Applicable
{				5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis		·			
	WSKI, JOSEPH E		no i	NOT W	RITE	
6858 ARECIA BLVD SARASOTA, FL 34241						
0.0000000000000000000000000000000000000				IN I	HIS SP	ACE
ļ						
6. 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, typed or printed name of registered agent and title til applicable (RIOTE, Registered Agent signature required when recistating). DATE						
}				7	then at a factor	
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	02/13/06-	90018-026 15 0.00
10.	OFFICERS AND DIRE	CTORS	-			
NAME	SWIATKOWSKI, JOHN M		l			
STREET ADDRESS	1555 APEX RD		1			
CITY-ST-ZIP	SARASOTA, FL		4			
TITLE NAME	VP SWIATKOWSKI, JOSEPH R		1			
STREET ADDRESS	1555 APEX RD	1				
CITY-ST-ZIP	SARASOTA, FL		1			
TITLE NAME			Ĭ			
STREET ADDRESS			İ	DO	NICT IN	
CITY-ST-ZIP			1	טע	NOT W	RIIE
TITLE			i	IN T	HIS SF	PACE
NAME SIRLET ADDRESS	{		1			
CITY-ST-ZIP			i			
TITLE			l			
NAME STREET ADDRESS			1			
CITY-ST-ZIP	}		i			
IRLE						
NAME STREET ADDRESS	İ)			
CITY-ST-ZIP			1			
12. (hereby	certify that the information supplied with this i	iling does not quality for the ex	emptions contained	d in Chapter 119,	Florida Statutes. I	further certify that the information
of the cor	certify that the information supplied with this t on this report or supplemental report is true provation or the receiver or trustee ampowere , or on an attachment with an address, with a	and accurate and that my signs d to execute this report as requ ll other like among and	iture snait have the fred by Chapter 60	same legal effect 7, Florida Statutes	as it made under o ; and that my name	pain; mai i am an officer or director a appears in Block 10 or Block 11 if
-cianged	, or on an anacomment with an activised, will d	one in poweres.			1.1	

SIDATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ⊆