

FILED

Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90037 047 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000013688

1. Entity Name

MARLIN TOURS, INC.



Principal Place of Business

C/O RETTIG
HUBERTUSALLEE 6-8
BERLIN, GERMANY 14193, OC

Mailing Address

C/O RETTIG
POST FACH 330542
BERLIN, GERMANY 14175, OC

94037204



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0559060

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RETTIG, H G
449 SE 11TH TERRACE
DANIA, FL 33004**DO NOT WRITE
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RETTIG, OLIVER
STREET ADDRESS	HUBERTUSALLEE 6-8, 14193 BERLIN APT 127
CITY-ST-ZIP	BERLIN, GERMANY 14193,
TITLE	RA
NAME	RETTIG, H. GEORGE
STREET ADDRESS	449 SE 11TH TERR
CITY-ST-ZIP	DANIA, FL 33004
TITLE	RA
NAME	RETTIG, H. GEORGE
STREET ADDRESS	19 SE 7th St.
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

Oliver Rettig

3/19/04