## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P95000049767** MARLIN MECHANICAL, INC. Principal Place of Business Mailing Address 900 SE 8TH AVE 900 SE 8TH AVE #201 #201 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 US 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0590341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HICKEY, PETER A 428 NW 35TH STREET BOCA RATON, FL. 33431 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE PD MAESEL, SHAWN R NAME STREET ADDRESS 428 NW 35TH ST 000000118420 04/19/04-80059-004 150.00 CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME HICKEY, PETER A STREET ADDRESS 428 NW 35TH STREET CITY-ST-ZIP BOCA RATON, FL 33432 TITLE MERIWETHER, BILL NAME STREET ADDRESS 900 SE 8TH AVE #201 DO NOT WRITE CITY-ST-ZIP DEERFIELD BEACH, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE

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:** 

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND ROPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/15/04 754)725-8533

FILED