


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # P96000047532			
1. Entity Name PAUL J. MARINO, P.A.			
Principal Place of Business 611 DRUID RD - E 612 CLEARWATER, FL 33756 US		Mailing Address 611 DRUID RD - E 612 CLEARWATER, FL 33756 US	
2. Principal Place of Business 251 Windward Passage Suite, Apt. #, etc. Suite "G"		3. Mailing Address 251 Windward Pass. Suite, Apt. #, etc. Suite "G"	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33767		Country USA	
4. FEI Number 59-3388297		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINO, PAUL J 660 ISLAND WAY #602 CLEARWATER, FL 33707		7. Name and Address of New Registered Agent Name: Paul J. Marino Street Address (P.O. Box Number is Not Acceptable): 251 Windward Passage City: Clearwater FL Zip Code: 33767	
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>[Signature]</i> DATE: 2/12/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, PAUL J 660 ISLAND WAY #602 CLEARWATER, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, PAUL J 251 Windward Passage Clearwater FL 33767 <input checked="" 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
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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>[Signature]</i>		Date: 2/12/05 Daytime Phone #: 727 224-2488	