2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90107 013 ***150.00

DOCUMENT # P96000047532

1. Entity Name
PAUL J. MARINO, P.A.

60002660

Principal Place of Business	Mailing Address
~~251~~ WINDWARD PASSAGE SUITE "G" CLEARWATER, FL 33767 US	251 WINDWARD PASSAGE SUITE "G" CLEARWATER, FL 33767 US

01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2215 DONATO DR. Suite, Apt. #, etc	P.O. Box 344 Suite, Apt. #, etc.
City & State: Belleair Beach FL	City & State: Indian Rocks Beach FL
Zip: 33786 Country: Pinellas	Zip: 33785 Country: Pinellas

4. FEI Number
59-3388297
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARINO, PAUL J 251 WINDWARD PASSAGE CLEARWATER, FL 33767	Name: PAUL J. MARINO Street Address (P.O. Box Number is Not Acceptable): 2215 DONATO DRIVE City: Belleair Beach FL Zip Code: 33786

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: Paul J Marino 1-8-07
Signature (typed or printed name of registered agent and title if applicable) (NOTE: If registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, PAUL J 251 WINDWARD PASSAGE CLEARWATER, FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PAUL J. MARINO 2215 DONATO DRIVE Belleair Beach FL 33786	☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J Marino 1-15-07 727-593-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #