2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000054226

1. Entity Name
MARINCO INCORPORATED

Principal Place of Business	Mailing Address
4721 W WALLCRAFT AVE TAMPA, FL 33611	4721 W WALLCRAFT AVE TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

01212005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3430737		Not Applicable

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

6. Name and Address of Current Registered Agent

LAWSON, MONICA Z
2403 STATE STREET
TAMPA, FL 33611

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BEDAMI, VINCENT
STREET ADDRESS	4721 W WALLCRAFT AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	V
NAME	BEDAMI, JIMMY
STREET ADDRESS	C/O 4721 W WALLCRAFT AVE
CITY-ST-ZIP	TAMPA, FL 33611

U00000212167
02/03/05-80019-017 150.00

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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: _____   1-21-05   813-825-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #