2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AM Secretary of State

DOCUMENT # P99000105934 1. Entity Name THIRSTY MARLIN, INC.					Secre	ary or State
Principal Place of Business 1023 FLORIDA AVE PALM HARBOR, FL 34683-4330 Mailing Address 1023 FLORIDA AVE PALM HARBOR, FL 34683				17041197017	û 1879a 1877 Benir Genir abn	י כער לו נושתושים אווו שמיבן מווים ושופה זוחון וז
DO NOT WRITE IN THIS SPACE			CE	02232006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For		
en e				59-362 5. Cemficate	of Status Desired	Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
TAYLER, M 1023 FLOF PALM HAF			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement [or the purpose of changing us registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: The state of Florida. I am familiar with, and accept the obligations of registered agent. Signature: The state of Florida. I am familiar with, and accept the obligations of registered agent. Signature: The state of Florida. I am familiar with, and accept the obligations of registered agent. Signature: The state of Florida. I am familiar with, and accept the obligations of registered agent. Signature: The state of Florida. I am familiar with accept the obligations of registered agent. Signature: The state of Florida. I am familiar with accept the obligations of registered agent. Signature: The state of Florida. I am familiar with accept the obligations of registered agent.						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Rinancing Trust Fund Contribution.				5.00 May Be ded to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADBRESS CUTY-ST-ZIP	FLOWERS, MICHAEL 393 KENTUCKY AVE CRYSTAL BEACH, FL 34681					
PITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ST ARNOLD, BRIAN 213 ONTARIO AVE CRYSTAL BEACH, FL 34681	7			000000 05/10/06	0542179 -80088-009 150,00
TITLE NAME				··· · · · ·	•	
STRULT ADDRESS GITY-ST-DP				DO	NOT W	
TITLE NAMA STREET ADDRESS CHY-ST-JP				IN '	THIS SF	PACE
cha-21-5h Siutti voduezz Nave Tute						
NAME NAME STREET ADDRESS CITY-ST-OP						
12. I fereby certify that the information supplied with this filling 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 legat effect as it made under oath, that I am an officer or diffector 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.						