

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000009871	
1. Entity Name MARSHALL MARINE GROUP, INC.	

Principal Place of Business 2402 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062	Mailing Address 2402 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062
---	---

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CRZE034 (11/05)

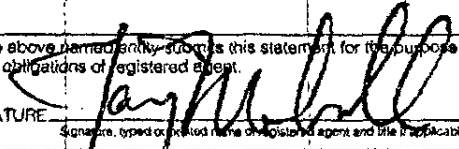
4. FEI Number 26-0013697	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARSHALL, JAY B
2402 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062**

**DO NOT WRITE
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:  **1.11.06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-listing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

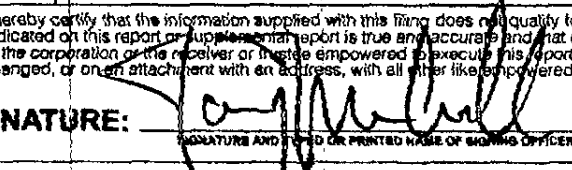
10. OFFICERS AND DIRECTORS

TITLE PD	NAME MARSHALL, JAY B.	STREET ADDRESS 2402 N. RIVERSIDE DRIVE	CITY - ST - ZIP POMPANO BEACH, FL 33062
TITLE VD	NAME BENSE, JUDITH V.	STREET ADDRESS 2402 N. RIVERSIDE DRIVE	CITY - ST - ZIP POMPANO BEACH, FL 33062
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000398778
01/31/06-80010-019 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1.11.06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #