

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000009871 1. Entity Name MARSHALL MARINE GROUP, INC.	
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Principal Place of Business 2402 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062	Mailing Address 2402 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P GR25034 (11/05)

4. FEI Number 26-0013697	Applies For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$6.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent Signature Required when Renewing)

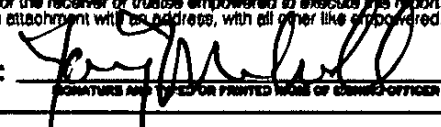
FILE NOW! FEE IS \$155.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000603022 01/26/07-80113-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO MARSHALL, JAY B 2402 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO BENGE, JUDITH V 2402 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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. 22. 07**
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR Date Daytime Phone #