




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 5/ Jun 16, 2006 8:00 am
 Secretary of State

05-05-2006 90168 030 ***150.00

DOCUMENT # P05000140078					
1. Entity Name MARSHALL & GREGORY, INC.					
Principal Place of Business 6029 KIMBERLY BLVD N LAUDERDALE, FL 33068		Mailing Address 6029 KIMBERLY BLVD N LAUDERDALE, FL 33068			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5024628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARSHALL, CHERRY 9276 NW 54TH ST. SUNRISE, FL 33351			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 04/26/06		NOTE: Registered Agent signature required when re-registering	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUTCH POT JAMAICAN RESTAURANT, INC.	NAME	PD MARSHALL, Cherry		
STREET ADDRESS	111 NORTH STATE 7	STREET ADDRESS	7331 NW 49th COURT		
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	Lauderhill FL 33317		
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	V GREGORY, Melony		
STREET ADDRESS		STREET ADDRESS	3292 NW 15th St		
CITY-ST-ZIP		CITY-ST-ZIP	Ft Lauderdale, FL 33311		
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	T GREGORY, MICHAEL		
STREET ADDRESS		STREET ADDRESS	3292 NW 15th St		
CITY-ST-ZIP		CITY-ST-ZIP	Ft Lauderdale, FL 33311		
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	S MARSHALL, DRAL		
STREET ADDRESS		STREET ADDRESS	7331 NW 49th COURT		
CITY-ST-ZIP		CITY-ST-ZIP	Lauderhill FL 33317		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		DATE: 04/26/06			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

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