

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90281 031 \*\*\*150.00

**DOCUMENT # 127751**

1. Entity Name  
**J.C. MARSH & SONS, INC.**



Principal Place of Business  
**10 N COLUMBIA STREET  
LAKE CITY, FL 32055 US**

Mailing Address  
**P.O. BOX 1029  
LAKE CITY, FL 32056 US**

**14011020**



2. Principal Place of Business  
**116 NW Columbia Avenue**

3. Mailing Address  
Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-6071316**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**HALEY, WILLIAM J  
10 N COLUMBIA ST  
LAKE CITY, FL 32055**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**116 NW Columbia Avenue**

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

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, 2004 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 ☐ Delete  
NAME OOSTERHOUDT, F.S. III  
STREET ADDRESS RT 7 BOX 512  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE VD ☐ Delete  
NAME OOSTERHOUDT, PATRICK E  
STREET ADDRESS RT 1 BOX 250  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE STD ☐ Delete  
NAME OOSTERHOUDT, MICHAEL E  
STREET ADDRESS 2817 E. DUVAL STREET  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **186 SE NEWELL ST**  
CITY-ST-ZIP **32025**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1780 E DUVAL STREET #101**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F OOSTERHOUDT III**

**4/28/04**

Date

**386-754-9367**

Daytime Phone #