


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 127751	
1. Entity Name J.C. MARSH & SONS, INC.	

Principal Place of Business 116 NW COLUMBIA AVE LAKE CITY, FL 32055 US	Mailing Address P.O. BOX 1029 LAKE CITY, FL 32056 US
--	--



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6071316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALEY, WILLIAM J 116 NW COLUMBIA AVE LAKE CITY, FL 32055

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OOSTERHOUDT, F.S. III 186 SE NEWELL ST LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OOSTERHOUDT, PATRICK E RT 1 BOX 250 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OOSTERHOUDT, MICHAEL E 1780 E DUVAL STREET #101 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000357259 05/04/05-80068-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **FS OOSTERHOUDT** **4/27/05 386 754 9367**

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