

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654895

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** SHARON L. NETZLEY, MARINE DOCUMENTATION SPECIALIST, INC.

**Current Principal Place of Business:**

9249 SUNRISE BREEZE COURT  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9249 SUNRISE BREEZE COURT  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 59-1972915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAXON, BENJAMIN Y., ESQ.  
111 S. SCOTT STREET  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NETZLEY, SHARON L  
Address: 9249 SUNRISE BREEZE COURT  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPSD  
Name: NETZLEY, TIMOTHY J  
Address: 9249 SUNRISE BREEZE COURT  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON L. NETZLEY

PRES

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date