2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 833067

Entity Name: MARSHALL MANUFACTURING CORP.

Current Principal Place of Business:

HAWKINS DR
LEWISBURG, FL 37091 US

New Principal Place of Business:

HAWKINS DR
LEWISBURG, TN 37091 US

Current Mailing Address:

P. O. BOX 1729
LEWISBURG, TN 37091 US

New Mailing Address:

FEI Number: 62-0813827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUCANIS, WILLIAM M
200 IMPERIAL BLVD
CAPE CANAVERAL, FL 32920 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DUCANIS, WILLIAM M	
Address:	200 IMPERIAL BLVD	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	T	(X) Delete
Name:	CAPPS, JEAN	
Address:	425 ASHWOOD AVENUE	
City-St-Zip:	LEWISBURG, TN	
Title:	PD	( ) Delete
Name:	STILTZ, W DAN	
Address:	103 KIRKMAN LN	
City-St-Zip:	NASHVILLE, TN	
Title:	S	( ) Delete
Name:	DUCANIS, ROBERT J	
Address:	200 IMPERIAL BLVD.	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	D	( ) Delete
Name:	DUCANIS JR, JOSEPH T	
Address:	P O BOX 1900	
City-St-Zip:	FORT LAUDERDALE, FL 33302	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: W. DAN STILTZ PRES 04/30/2009

Electronic Signature of Signing Officer or Director Date