


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90086 013 \*\*\*150.00

**DOCUMENT # F01000002289**

1. Entity Name  
**MARINE CROSS COUNTRY, INC.**



Principal Place of Business  
**PO BOX 26778  
 GREENVILLE, SC 29616**

Mailing Address  
**PO BOX 26778  
 GREENVILLE, SC 29616**

40031364



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**57-0994024**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**REGISTERED AGENTS LEGAL SERVICES, INC.  
 914 4TH STREET, 2ND FL  
 MIAMI BEACH, FL 33139**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HARVEY, EDDIE 105 GREEN ARBOR LANE GREENVILLE, SC 29615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHARE HOLDER HADDY JULIE 119 TALL OAKS CIRCLE PIEDMONT SC 29673 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEWART, JAMES E 707 CHEROKEE LANE COLUMBIA, SC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHARE HOLDER BAILEY, ROGER 230 ROPER MTN. ROAD APT 618 GREENVILLE SC 29615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V QUINN, MICHAEL 710 LADY HILINGTON COURT GREER, SC 29650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BENBOW, DAVID W 165 SOUTH UNION BLVD STE 250 LAKEWOOD, CO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael P. Quinn* Date: *3/9/06* Daytime Phone #: *864-281-0041*

**BRADSHAW, GORDON & CLINKSCALES, LLC, CPAs**  
**630 E. WASHINGTON STREET - P.O. BOX 16389**

57-1080706