

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HARVEY, EDDIE
STREET ADDRESS	105 GREEN ARBOR LANE
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	V
NAME	QUINN, MICHAEL
STREET ADDRESS	710 LADY HILINGTON COURT
CITY-ST-ZIP	GREER, SC 29650
TITLE	S
NAME	BENBOW, DAVID W
STREET ADDRESS	165 SOUTH UNION BLVD STE 250
CITY-ST-ZIP	LAKEWOOD, CO
TITLE	SH
NAME	HADDY, JULIE
STREET ADDRESS	119 TALL OAKS CIR
CITY-ST-ZIP	PIEDMONT, SC 29673
TITLE	SH
NAME	BAILEY, ROGER
STREET ADDRESS	230 ROPER MTN. RD APT 618
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/08-80006-009-150.00

**DO NOT WRITE
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL P. QUINN

2/19/08

Date

864-281-0

Daytime Phone #