

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002698

1. Entity Name
MARINE GROWTH FINANCE, INC.



Principal Place of Business
**3408 DOVER RD.
POMPANO BEACH, FL 33062**

Mailing Address
**3408 DOVER RD.
POMPANO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0890694

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRIVELLO, FRANK P
3408 DOVER RD.
POMPANO BEACH, FL 33062**

**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 \$550.00
Due by September 6, 2006**

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
**CD
MARKS, DAVID M
1818 NORTH FARWELL AVE
MILWAUKEE, WI 53202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVDP
ORLANDO, FRANK J
3408 DOVER RD
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SCHWABE, PAUL L
1818 N FARWELL AVE
MILWAUKEE, WI 53202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCE
HODGKINS, CRAIG
3340 SAVANNAHS TRAIL
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCOO
LEVENSALE, TIMOTHY
955 OAK STREET
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000572557
07/28/06-80002-021 550.00

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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:

De Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-06

Date

Daytime Phone #