

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002699

1. Entity Name

MARINE GROWTH CHARTER, INC.



Principal Place of Business

**3408 DOVER RD.
POMPAÑO BEACH, FL 33062**

Mailing Address

**3408 DOVER RD.
POMPAÑO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0889885

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.
POMPAÑO 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 \$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

TITLE CD
NAME MARKS, DAVID M
STREET ADDRESS 1818 NORTH FARWELL AVENUE
CITY - ST - ZIP MILWAUKEE, WI 53202

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

TITLE DEVP
NAME ORLANDO, FRANK J
STREET ADDRESS 3408 DOVER ROAD
CITY - ST - ZIP POMPAÑO BEACH, FL 33062

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000576772
09/14/06-80001-018 550.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #