


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90174 011 ***158.75

DOCUMENT # F04000002765			
1. Entity Name MARINE GROWTH FREIGHT, INC.			
Principal Place of Business 3408 DOVER ROAD POMPANO BEACH, FL 33062		Mailing Address 3408 DOVER ROAD POMPANO BEACH, FL 33062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40028540



02082005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0890738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRIVELLO, FRANK P 3408 DOVER ROAD POMPANO BEACH, FL 33062		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

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, 2005 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	DP CRIVELLO, FRANK P 3408 DOVER ROAD POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David M Marks 1818 North Farwell Avenue Milwaukee, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHWABE, PAUL L 1818 NORTH FARWELL AVE. MILWAUKEE, WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President / CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig Hodgkins 3340 Savannahs Trail Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORLANDO, FRANK J 1818 NORTH FARWELL AVE. MILWAUKEE, WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Executive VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frank J Orlando 3408 Dover Road Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy Levensaler 955 Oak Street Merritt, Island, FL 32953
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 exemption stated in Section 119.07(3)(i), 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 #

David M Marks - Chairman

2/25/05