

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000002765

1. Entity Name
MARINE GROWTH FREIGHT, INC.



Principal Place of Business
**3408 DOVER ROAD
POMPAN0 BEACH, FL 33062**

Mailing Address
**3408 DOVER ROAD
POMPAN0 BEACH, FL 33062**



08072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CRIVELLO, FRANK P
3408 DOVER ROAD
POMPAN0 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 14, 2007**

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 AVENUE
MILWAUKEE, WI 53202**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
ORLANDO, FRANK J
3408 DOVER ROAD
POMPAN0 BEACH, FL 33062**

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
LEVENSALER, TIMOTHY
955 OAK STREET
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #