

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000007246**

1. Entity Name  
D S MARSEC, INC.



Principal Place of Business  
6903 WINNERS CIRCLE  
BRADENTON, FL 34202-2422

Mailing Address  
6903 WINNERS CIRCLE  
BRADENTON, FL 34202-2422



04042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-2061808

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPADE, J. DAVID  
6903 WINNERS CIRCLE  
BRADENTON, FL 34202-2422

**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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTC
NAME	SPADE, J. DAVID
STREET ADDRESS	6903 WINNERS CIRCLE
CITY-ST-ZIP	BRADENTON, FL 342022422
TITLE	V
NAME	SPADE, MICHAEL D
STREET ADDRESS	3584 REMINGTON OAKS PATH
CITY-ST-ZIP	LAKELAND, FL 338104795
TITLE	S
NAME	SPADE, LINDA P
STREET ADDRESS	6903 WINNERS CIRCLE
CITY-ST-ZIP	BRADENTON, FL 342022422
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80110-004 150.00

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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 an other fee empowered.

SIGNATURE: J. David Spade J. David Spade, President 4-4-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #