


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # G62675
1. Entity Name
MARINE R. CORPORATION



Principal Place of Business Mailing Address
56283 OCEAN DR. 56283 OCEAN DR.
MARATHON, FL 33050 US MARATHON, FL 33050 US

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2321649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, CHERYL
56283 OCEAN DR
MARATHON, FL 33050

**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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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	DP WOLFSON, FRANCES RR 2, BOX 113 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILCOX, CHERYL 56283 OCEAN DR MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WAXENBERG, JERI RR 2 BOX 113 MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WAXENBERG, JACQUELINE F RR 2 BOX 113 MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/18/05-80037-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: *Cheryl Wilcox* 3-16-05 305 743 5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #