

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 12, 2007 08:00 AM

Secretary of State

DOCUMENT # G62675

1. Entity Name
MARINE R. CORPORATION



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

Mailing Address
**56283 OCEAN DR.
MARATHON, FL 33050 US**



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2321649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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, 2007 Fee will be \$550.00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80076-007 150.00

**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 #

2-9-07 3057435060