

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-P CR2E034 (11/05)

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, 2008 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	

100130173131  
05/23/08--01014--004 \*\*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 #

2-15-08

305 743 506 0

5-6-08