

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90281 030 ***150.00

DOCUMENT # K83087

1. Entity Name
MARSH HOLDINGS, INC.



Principal Place of Business
**10 N COLUMBIA STREET
 LAKE CITY, FL 32055**

Mailing Address
**P O BOX 1029
 LAKE CITY, FL 32056 US**

14011521



2. Principal Place of Business

3. Mailing Address

116 NW Columbia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
26-5960587

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALEY, WILLIAM J
 10 N COLUMBIA ST
 LAKE CITY, FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

116 NW Columbia Avenue

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 HALEY, WILLIAM J
 STREET ADDRESS **10 N COLUMBIA ST**
 CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE Change Addition
 NAME **D**
 HALEY, WILLIAM J.
 STREET ADDRESS **116 NW Columbia Avenue**
 CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE Delete
 NAME **D**
 OOSTERHOUDT, F S III
 STREET ADDRESS **2817 E DUVAL ST**
 CITY-ST-ZIP **LAKE CITY, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **186 SE NEWELL DR**
 CITY-ST-ZIP **32025**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

F.S. OOSTERHOUDT III

4/28/04 386754 9367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #