

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000013988

1. Entity Name
MARKS BROTHERS BOAT REPAIR, INC.



Principal Place of Business
**608 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**PO BOX 65428
ORANGE PARK, FL 32065**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3706933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARKS, RANDY L
608 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043**

**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 reissuing)

**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

**000000587713
01/17/07-80045-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARKS, RANDY L
STREET ADDRESS	608 LAKE ASBURY DRIVE
CITY-STATE-ZIP	GREEN COVE SPRINGS, FL 32043

TITLE	STD
NAME	MARKS, CAROL C
STREET ADDRESS	608 LAKE ASBURY DRIVE
CITY-STATE-ZIP	GREEN COVE SPRINGS, FL 32043

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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: *Randy L Marks* **RANDY L MARKS** 1-12-07 904-626-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #