

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000009871

1. Entity Name

MARSHALL MARINE GROUP, INC.



Principal Place of Business

2402 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

Mailing Address

2402 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0013697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, JAY B
2402 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

**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

1/14/08

FILE NOW!!! FEES \$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 PD
NAME MARSHALL, JAY B
STREET ADDRESS 2402 N. RIVERSIDE DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VD
NAME BENSE, JUDITH V
STREET ADDRESS 2402 N. RIVERSIDE DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000789486
01/22/08-80027-011 150.00

**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 #

1/14/08 954-786-8897