

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P02000078343**

1. Entity Name  
**W.A. MARSH ENTERPRISES, INC.**



Principal Place of Business  
**8034 FRESCA STREET  
JACKSONVILLE, FL 32217**

Mailing Address  
**8034 FRESCA STREET  
JACKSONVILLE, FL 32217**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**30-0096067**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PLEIMAN, THOAMS C JR  
9471 BAYMEADOWS ROAD SUITE 308  
JACKSONVILLE, FL 32256**

**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, 2006 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 MARSH, WILLIAM A III  
STREET ADDRESS 8034 FRESCA STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE  
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CITY-ST-ZIP

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U00000556756  
05/17/06-80022-015 150.00

**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 William A Marsh III **William A. Marsh III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06  
Date

904 757-8499  
Daytime Phone #