

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 014 \*\*\*150.00

**DOCUMENT # P03000064689**

1. Entity Name  
**MARSH ROAD DEVELOPMENT, INC.**



Principal Place of Business  
**2811-E INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301**

Mailing Address  
**2811-E INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301**

**44004838**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**87.1471007**

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

**MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD FOURTH FLOOR  
TALLAHASSEE, FL 32309**

Name

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

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**  
STREET ADDRESS **GHAZVINI, MEHRDAD**  
CITY-ST-ZIP **2811-E INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GHAZVINI, MEHRAN**  
CITY-ST-ZIP **2811-E INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301**

TITLE ☒ Change ☐ Addition  
NAME **Ghazvini, Mehran**  
STREET ADDRESS **2811 E Industrial Plaza Dr**  
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ASBURY, THOMAS B**  
CITY-ST-ZIP **3424 DOCHESTER COURT  
TALLAHASSEE, FL 32312**

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

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  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mehrdad Ghazvini 1/21/04 (850) 462-1111**

Date

Daytime Phone #