

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064689

1. Entity Name
MARSH ROAD DEVELOPMENT, INC.



FILED

08 APR -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

Mailing Address
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1471007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309

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

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

TITLE D
NAME ASBURY, THOMAS B
STREET ADDRESS 3424 DORCHESTER CT
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME GHAZVINI, HOSSEIN
STREET ADDRESS 2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600122274706
04/04/08--01034--003 ***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 #

4/2/08

850-205-5231