

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 010 ***150.00

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1. Entity Name

MARSH CAY, INC.



Principal Place of Business

2251 ST. JOHNS BLUFF ROAD S
JACKSONVILLE FL 32246

Mailing Address

2251 ST. JOHNS BLUFF ROAD S
JACKSONVILLE FL 32246



2. Principal Place of Business - No P.O. Box #

2407 mayport road

3. Mailing Address

2407 Mayport Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

56-2468290

Applied For

Not Applicable

Zip

32233

Country

Zip

32233

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, CAROLYN
830 S THIRD STREET #104
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

John W. Shea

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

2407 mayport road

City

Atlantic Beach

FL

Zip Code

32233

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SHEA, TIMOTHY G
STREET ADDRESS 2251 ST. JOHNS BLUFF ROAD S
CITY- ST- ZIP JACKSONVILLE FL 32246

TITLE D ☐ Delete
NAME CARLSON, FREDERICK W
STREET ADDRESS 2251 ST. JOHNS BLUFF ROAD S
CITY- ST- ZIP JACKSONVILLE FL 32246

TITLE D ☐ Delete
NAME SHEA, JOHN W
STREET ADDRESS 2251 ST. JOHNS BLUFF ROAD S
CITY- ST- ZIP JACKSONVILLE FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2407 mayport rd
CITY- ST- ZIP Atlantic Bch, FL 32233

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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 #