## 2008 FOR PROFIT CORPORATION.

## ANNUAL REPORT

Mar 13, 2008 8:00 am Secretary of State 02-11-2008 90054 048 \*\*\*150.00 **DOCUMENT # P06000152459** DANIEL W. MARSH, INC. REUUSOSS Principal Place of Business Mailing Address **400 N FEDERAL HWY 400 N FEDERAL HWY** DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) City & State City & State Applied For Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSH, DANIEL W - ~ Street Address (P.O. Box Number is Not Acceptable) 400 N FEDERAL HWY DEERFIELD BEACH, FL 33441 Zip Code FL 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. eldespitos i sitra bra (se (NOTE: Registered Agent signature required when reinstiting) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition ☐ Change MARSH, DANIEL W NAME NAME 400 N FEDERAL HWY #214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZP IULE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP Oelets TITLE ☐ Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-\$1-ZIP IILE TITLE ☐ Delete ☐ Change ☐ Addition NAME MALAF STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY - ST - ZIP 111LE ITTLE Delata NAME NAME STREET ADDRESS STREET ADDRESS

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 cath; that I am an officer or director—of the corporation or the people 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

CITY-ST-ZIP

DANIEL MARSH.

CITY-ST-ZIP

President

**FILED**