

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P11234

1. Entity Name
MARSHWINDS ADVISORY COMPANY



Principal Place of Business

300 MAIN ST.
STE 401
SAINT SIMONS ISLAND, GA 31522 US

Mailing Address

MARSHWINDS ADVISORY CO
P O BOX 21099
ST SIMONS ISLAND, GA 31522 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1525123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOOREFIELD, ROBERT P.
RT. 3 BOX 584
TALLAHASSEE, FL 32308

**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

UN0000380800
01/11/06-80027-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KELLY, JUDY A.
STREET ADDRESS	300 MAIN ST., STE 400
CITY - ST - ZIP	ST SIMONS ISL, GA
TITLE	D
NAME	KELLY, JUDY A.
STREET ADDRESS	300 MAIN ST., STE 400
CITY - ST - ZIP	ST SIMONS ISL, GA
TITLE	PD
NAME	KELLY, EUGENE A
STREET ADDRESS	300 MAIN ST., STE. 400
CITY - ST - ZIP	ST SIMONS ISL, GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

1/6/06
Date

912-638-5424
Daytime Phone #