

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90124 044 ***150.00

DOCUMENT # P96000099422

1. Entity Name
MARMAN ENTERPRISES, INC.



Principal Place of Business
**324 N 14TH AVENUE
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**324 N 14TH AVENUE
JACKSONVILLE BEACH, FL 32250 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3415149

Applied For
☐ Not Applicable

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

**LYNCH, MARY JANE
3982 PETITE DRIVE, WEST
JACKSONVILLE BEACH, FL 32250**

Name **NAT HADSOCK**
Street Address (P.O. Box Number is Not Acceptable)
21824 NW 78 Ave
City **HALLOWA** FL Zip Code **32615**

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)
Signature, typed or printed name of registered agent and title if applicable.

(NAT HADSOCK)

3-12-06

(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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
SEAVER, M. BETH
1551 S FIRST ST, STE 703
JAX BCH, FL 32250** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
JONES, HERMAN O.
1551 S. FIRST STREET, # 703
JACKSONVILLE BEACH, FL 32250** ☐ Delete

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

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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: *M. Beth Seaver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 **904-388-7274**
Date Daytime Phone #