

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90239 031 \*\*\*150.00

<b>DOCUMENT # P99000069902</b> 1. Entity Name <b>MARSHVIEW DEVELOPMENT, INC.</b>					
Principal Place of Business <b>510 S. 3RD STREET JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>510 S. 3RD STREET JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business <b>2315 BEACH BLVD</b> Suite, Apt. #, etc. <b>SUITE 203</b> City & State <b>JACKSONVILLE BEACH, FL</b> Zip <b>32250</b>		3. Mailing Address <b>2315 BEACH BLVD</b> Suite, Apt. #, etc. <b>SUITE 203</b> City & State <b>JACKSONVILLE BEACH, FL</b> Zip <b>32250</b>		4. FEI Number <b>59-3593486</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARTLETT &amp; HECKIN, P.A. 135 PROFESSIONAL DRIVE STE. 101 PONTE VEDRA BEACH, FL 32082</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODBURN, HANK P</b> <b>510 S. 3RD ST.</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2315 BEACH BLVD, SUITE 203</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CASON, SPENCER M</b> <b>510 S. 3RD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2315 BEACH BLVD, SUITE 203</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Henry P. Woodburn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4/20/05</b></span> <span><b>904 246 4555</b></span> </div> <small>Date Daytime Phone #</small>		