

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90013 033 \*\*\*158.75



**DOCUMENT # 269643**

1. Entity Name  
**MARSHALL'S HAMBURGERS, INC.**

Principal Place of Business  
 6121 N GOLDEN EAGLE DR  
 TUCSON AZ 85750  
 US

Mailing Address  
 6121 N GOLDEN EAGLE DR  
 TUCSON AZ 85750  
 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



1st MOORE CR2E034 (10/07)

4. FEI Number **59-1087645** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALOIA, FRANK J.**  
**1714 CAPE CORAL PARKWAY**  
**P.O. BOX 535**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent  
 Name: **GAREY F. BUTLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2235 FIRST STREET**  
 City **FORT MYERS** FL Zip **33901**

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 *Garey F Butler* DATE March 6, 2008

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLARK, MARSHALL L 6121 N. GOLDEN EAGLE DR TUCSON AZ 85750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. S. NELDA S. CLARK 6121 N. GOLDEN EAGLE DRIVE TUCSON, AZ 85750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOIA, FRANK J 1714 CAPE CORAL PKWY CAPE CORAL FL 33910 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWNE, CORNELIA C. P.O. BOX 451 OXFORD OH 45056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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: *Marshall L. Clark* DATE 3/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR