

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 269643

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: MARSHALL'S HAMBURGERS, INC.

## Current Principal Place of Business:

6121 N GOLDEN EAGLE DR  
TUCSON, AZ 85750 US

## New Principal Place of Business:

## Current Mailing Address:

6121 N GOLDEN EAGLE DR  
TUCSON, AZ 85750 US

## New Mailing Address:

FEI Number: 59-1087645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTLER, GAREY F  
C/O FOWLER WHITE  
2235 FIRST STREET  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CLARK, MARSHALL L  
Address: 621 N. GOLDEN EAGLE DR  
City-St-Zip: TUCSON, AZ 85750

Title: D (X) Delete  
Name: ALOIA, FRANK J  
Address: 1714 CAPE CORAL PKWY  
City-St-Zip: CAPE CORAL, FL 33910

Title: VPD ( ) Delete  
Name: BROWNE, CORNELIA C.  
Address: P.O. BOX 451  
City-St-Zip: OXFORD, OH 45056

Title: AS ( ) Delete  
Name: CLARK, NELDA S  
Address: 6121 N. GOLDEN EAGLE DRIVE  
City-St-Zip: TUCSON, AZ 85750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CLARK, MARSHALL L  
Address: 6121 N. GOLDEN EAGLE DR  
City-St-Zip: TUCSON, AZ 85750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASD (X) Change ( ) Addition  
Name: CLARK, NELDA S  
Address: 6121 N. GOLDEN EAGLE DRIVE  
City-St-Zip: TUCSON, AZ 85750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL L. CLARK

PSTD

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date