

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 323353

Entity Name: MARON, INC.

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

150 ATLANTIC DR.
FERN PARK, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

1830 LONG POND DRIVE
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1200192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, RONALD E
1830 LONG POND DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

KLINE, RONALD E PRES
1830 LONG POND DRIVE
LONGWOOD, FL 32779 US

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: RONALD E. KLINE

02/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLINE, RONALD E,
Address: 1830 LONG POND DRIVE
City-St-Zip: LONGWOOD, FL

Title: SD () Delete
Name: KLINE, MARY W.,
Address: 1830 LONG POND DRIVE
City-St-Zip: LONGWOOD, FL

Title: T () Delete
Name: KLINE, MARY W.,
Address: 1830 LONG POND DRIVE
City-St-Zip: LONGWOOD, FL

Title: V (X) Delete
Name: CIRILO, KATHY,
Address: 5614 STULL
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KLINE, RONALD E PRES
Address: 1830 LONG POND DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: SECT (X) Change () Addition
Name: KLINE, MARY W SECTREA
Address: 1830 LONG POND DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP (X) Change () Addition
Name: CIRILO, KATHY K VP
Address: 5614 STULL AVENUE
City-St-Zip: ORLANDO, FL 32810 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY W. KLINE

SECT

02/24/2006

Electronic Signature of Signing Officer or Director

Date