


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # 697660	
1. Entity Name MARSHALL LAND DEVELOPMENT INC.	

Principal Place of Business 2033 MAIN ST. STE 600 POSTAL DRAWER 4195 SARASOTA, FL 34230	Mailing Address PO BOX 337 DAYTON, OH 45401
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02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2113483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT, CHARLES J.
2033 MAIN ST. STE 600
SARASOTA, FL 34237**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

DATE: 03/06/07
1000000645514
03/06/07-80035-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARSHALL, CHARLES L., II 900 SOUTH PERRY STREET DAYTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARSHALL, JOHN L. 900 SOUTH PERRY STREET DAYTON, OH
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *John L. Marshall* V.P. 2/15/07 957-643-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #