


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 005 ***150.00

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| DOCUMENT # J84257 |  |
| 1. Entity Name THE MARKET OF MARION, INC. | |

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| Principal Place of Business 12888 SE HWY. 441 BELLEVUE, FL 34420 US | Mailing Address 12888 SE HWY 441 BELLEVUE, FL 34420 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01182007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-2826237 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SHADDIX, STEVEN L. 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119 | 7. Name and Address of New Registered Agent Name SHADDIX, STEVEN L. Street Address (P.O. Box Number is Not Acceptable) 1275 BEVILLE ROAD City DAYTONA BEACH FL Zip Code 32119 |
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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) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHADDIX, WILLIAM O., II 1 DEER MOSS TRAIL ORMOND BEACH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FOX, HOWARD A. 686 FERNCLIFF DRIVE PORT ORANGE, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORDON, SHARON S. 7611 TIMBERLY CT. MCLEAN, VA <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 | STD FOX, SHARLENE S. 686 FERNCLIFF DRIVE PORT ORANGE, FL <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 | D SHADDIX, MADELINE E. 6 HOMAN TERRACE DAYTONA BEACH, FL <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 | VPD SHADDIX, STANLEY WILLIAM 2130 OLD DAYTONA RD. DAYTONA BEACH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHADDIX, WM. STANLEY 2130 OLD DAYTONA ROAD PORT ORANGE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHADDIX, STEVEN L. 2410 SE 29TH STREET OCALA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHADDIX, STEVEN L. 12888 S. E. HWY 441 BELLEVUE, FL 34420 <input checked="" 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 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: *Howard A. Fox* **Howard A. Fox, V.P.** 4/10/07 386-767-8521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #