


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 020 ***150.00

DOCUMENT # P04000104511

1. Entity Name
MARION PROPERTIES, INC.



Principal Place of Business Mailing Address
311 NE 47TH COURT **311 NE 47TH COURT**
OCALA, FL 34470 US **OCALA, FL 34470 US**

40035907

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1008 EAST SILVER SPRINGS BLVD **1008 EAST SILVER SPRINGS BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02212007 Chg-P CR2E034 (12/06)

City & State OCALA, FLORIDA	City & State OCALA, FLORIDA	4. FEI Number 20-1420917	Applied For <input type="checkbox"/> Not Applicable
Zip 34470	Country US	Zip 34470	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
STEIN, GLENN
311 NE 47TH COURT
OCALA, FL 34470

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1008 EAST SILVER SPRINGS BLVD
 City **OCALA** **FL** Zip Code **34470**

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 _____ DATE _____
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME STEIN, GLENN	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1008 EAST SILVER SPRINGS BLVD
STREET ADDRESS 311 NE 47TH COURT	CITY-ST-ZIP OCALA, FL 34470	STREET ADDRESS 1008 EAST SILVER SPRINGS BLVD	CITY-ST-ZIP OCALA, FLORIDA 34470
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: _____ DATE _____ DAYTIME PHONE # **(352)-624-2333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR