## 2006 FOR PROFIT CORPORATION

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **ANNUAL REPORT** DOCUMENT # P05000008898



**FILED** 

Apr 17, 2006 8:00 am Secretary of State

352\624-2333

04-17-2006 90671 001 \*\*\*150 00 1. Entity Name 04-17-2006 90671 002 \*\*\*150.00 MARÍON PROPERTIES II, INC. Principal Place of Business Mailing Address 66010458 1008 EAST SILVER SPRINGS BOULEVARD 1008 EAST SILVER SPRINGS BOULEVARD OCALA, FL 34470 OCALA, FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For <u> 20 - 226,2805</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, JONATHAN S Street Address (P.O. Box Number is Not Acceptable) 230 N.E. 25TH AVENUE OCALA, FL 34470 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change **Addition** STEIN, GLENN NAME NAME 1008 EAST SILVER SPRINGS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 TITLE ☐ Delete TITLE ☐ Change **Addition** STEIN, JULIANA 1008 EAST SILVER SPRINGS BLUD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000008898 1. Entity Name ATTACHMENT MARION PROPERTIES II. INC. Principal Place of Business 66010458 Mailing Address 1008 EAST SILVER SPRINGS BOULEVARD 1008 EAST SILVER SPRINGS BOULEVARD OCALA, FL 34470 OCALA, FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20 - 2262805 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, JONATHAN S 230 N.E. 25TH AVENUE Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34470 City Zip Code 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 SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Change 🔀 Addition GLENN STEIN GLENN STEIN NAME NAME NE 47TH COURT 311 NE 47TH COURT STREET ADDRESS 31 STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and the report is true and accurate and the report is true and accurate and the report is report as the receiver or trustee empowered to execute this report as for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director or as secured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this n changed, or on an attachment with an address, with all other like empoy 1-27-06 (352)-624-2323 SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR