


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90671 001 ***150.00
 04-17-2006 90671 002 ***150.00

DOCUMENT # P05000008898

1. Entity Name
MARION PROPERTIES II, INC.



Principal Place of Business
**1008 EAST SILVER SPRINGS BOULEVARD
 OCALA, FL 34470**

Mailing Address
**1008 EAST SILVER SPRINGS BOULEVARD
 OCALA, FL 34470**

66010458

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03142006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2262805

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEAN, JONATHAN S
 230 N.E. 25TH AVENUE
 OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____ **(352) 624-2323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

66010458

DOCUMENT # P05000008898 1. Entity Name MARION PROPERTIES II, INC.			
Principal Place of Business 1008 EAST SILVER SPRINGS BOULEVARD OCALA, FL 34470		Mailing Address 1008 EAST SILVER SPRINGS BOULEVARD OCALA, FL 34470	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DEAN, JONATHAN S 230 N.E. 25TH AVENUE OCALA, FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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P GLENN STEIN 310 NE 47TH COURT OCALA, FL 34470		P GLENN STEIN 311 NE 47TH COURT OCALA, FL 34470	
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SIGNATURE: _____ 1-27-06 (352)-624-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #