

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A.
Secretary of State



DOCUMENT # P05000091408

1. Entity Name
RRIOTT, INC.

Principal Place of Business
 7386 GAS LINE RD
 KEYSTONE HEIGHTS, FL 32656

Mailing Address
 7386 GAS LINE RD
 KEYSTONE HEIGHTS, FL 32656



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **51-0552660** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARRIOTT, THERESA H
 7386 GAS LINE RD
 KEYSTONE HEIGHTS, FL 32656

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)

DATE _____

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

TITLE **P**
 NAME **MARRIOTT, THERESA H**
 STREET ADDRESS **7386 GAS LINE RD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **V**
 NAME **MARRIOTT, VERNEE B**
 STREET ADDRESS **7386 GAS LINE RD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **CEOT**
 NAME **MARRIOTT, BRADLEY E**
 STREET ADDRESS **7386 GAS LINE RD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **S**
 NAME **MARRIOTT, BRITANY L**
 STREET ADDRESS **7386 GAS LINE RD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

000000727958
 05/04/07-80068-025-150.00

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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: *Theresa H. Marriott*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 *352-473-8804*
 Date Daytime Phone #