


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Apr 02, 2007 8:00 am
Secretary of State

03-12-2007 90364 019 ***150.00

DOCUMENT # P06000115627
 1. Entity Name
MARKAL BROTHERS, INC.



Principal Place of Business Mailing Address
 7341 BUCHANAN DRIVE 7341 BUCHANAN DRIVE
 PORT RICHEY, FL 34668 PORT RICHEY, FL 34668

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



03022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3467013 Not Applicable

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

6. Name and Address of Current Registered Agent
TOTAL BOOKKEEPING SERVICE INC.
2155 GRAND BLVD.
HOLIDAY, FL 34690

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 fee if applicable. (NOTE: Registered Agent signature required when re-registering)

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 | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARKAL, ASIYE | | | NAME | | | |
| STREET ADDRESS | 7341 BUCHANAN DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARKAL, TEOMAN | | | NAME | | | |
| STREET ADDRESS | 7341 BUCHANAN DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARKAL, TUFAN | | | NAME | | | |
| STREET ADDRESS | 7341 BUCHANAN DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEOMAN MARKAL Date: 3-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #