


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 #