

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05276

FILED
Apr 05, 2008
Secretary of State

Entity Name: MARION RADIATOR SERVICE, INC.

Current Principal Place of Business:

% DIANE STONAKER
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

Current Mailing Address:

% DIANE STONAKER
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

New Principal Place of Business:

% DIANE STONAKER
5785 NW GAINESVILLE ROAD
OCALA, FL 34475 US

New Mailing Address:

% DIANE STONAKER
5785 NW GAINESVILLE ROAD
OCALA, FL 34475 US

FEI Number: 59-2040242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STONAKER, DIANE L
5717 NW GAINESVILLE RD
OCALA, FL 34475 US

Name and Address of New Registered Agent:

STONAKER, DIANE L
5785 NW GAINESVILLE RD
OCALA, FL 34475 US

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.

SIGNATURE:

04/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLOYD, CHARLES R
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

Title: VD () Delete
Name: STONAKER, HOMER B
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

Title: ST () Delete
Name: STONAKER, DIANE L
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LLOYD, CHARLES R
Address: 5785 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

Title: VD (X) Change () Addition
Name: STONAKER, HOMER B
Address: 5785 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

Title: ST (X) Change () Addition
Name: STONAKER, DIANE L
Address: 5785 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE L. STONAKER

ST

04/05/2008

Electronic Signature of Signing Officer or Director

Date