

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90414 048 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # 165847 1. Entity Name MARWOOD COMPANY INC					
Principal Place of Business 303 FIRST ST BOX 1629 W PALM BCH, FL 33401			Mailing Address 303 FIRST ST BOX 1629 W PALM BCH, FL 33401		
2. Principal Place of Business 303 Banyan Boulevard Suite, Apt. #, etc. Suite 400		3. Mailing Address P. O. Box 1629 Suite, Apt. #, etc.		4. FEI Number 59-0860017 Applied For <input type="checkbox"/> Not Applicable	
City & State West Palm Beach FL		City & State West Palm Beach FL			
Zip 33401	Country USA	Zip 33402-1629	Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent GIBSON, HERBERT C. 303 FIRST STREET, SUITE 400 W. PALM BEACH, FL 33402-1629					
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. <div style="text-align: center; margin-top: 10px;"> Herbert C. Gibson, Registered Agent </div> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNHILL, MARTHA W 2387 S. ROCKLAND AVE. WADMALOW ISLAND, SC <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARNER, MERRELL W 373 FOLKSTONE CIRCLE AUGUSTA, GA 30907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TALMADGE, FRANCES W 2445 N.W. WESTONER ROAD #417 PORTLAND, OR 97210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TALMADGE, FRANCES W 3475 WOODHAVEN RD NW ATLANTA, GA 00000, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>MARTHA W THORNHILL</u> MARTHA W THORNHILL 4/25/06 9A3 559-9721 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					