2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90044 041 ***150.00

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DOCUMENT # 165847

1. Entity Name
MARWOOD COMPANY INC

Principal Place of Business	Mailing Address
303 BANYAN BLVD STE 400 WEST PALM BEACH, FL 33401	POB 1629 WEST PALM BEACH, FL 33402-1629

01212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
319 Clematis Street	P. O. Box 1629
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33401 Country: USA	Zip: 33402-1629 Country: USA

4. FEI Number: 59-0860017 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIBSON, HERBERT C. 303 FIRST STREET, SUITE 400 W. PALM BEACH, FL 33402-1629	Name: Gibson, Herbert C. Street Address (P.O. Box Number is Not Acceptable): 319 Clematis Street, Suite 800 City: West Palm Beach FL State: FL Zip Code: 33401

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's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THORNHILL, MARTHA W 2387 S. ROCKLAND AVE WADMALOW ISLAND, SC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARNER, MERRELL W 373 FOLKSTONE CIRCLE AUGUSTA, GA 30907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TALMADGE, FRANCES W 2445 N.W. WESTONER ROAD #417 PORTLAND, OR 97210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Martha W Thornhill MARTHA W. THORNHILL, PRES. JAN 31 2008 843-559-9721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #