


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90099 012 ***158.75

DOCUMENT # 248559	
1. Entity Name MARION REALTY, INC.	

Principal Place of Business 2193 NE 125 TERR RD SILVER SPRINGS FL 34488 US	Mailing Address 2193 NE 125 TERR RD SILVER SPRINGS FL 34488 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 59-0932278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LARRAMORE, CLYDE B 2193 NE 125 B TERRACE RD SILVER SPRINGS FL 34488
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7. Name and Address of New Registered Agent Name JAMES E LARRAMORE Street Address (P.O. Box Number is Not Acceptable) 2193 NE 125 TERR RD City SILVER SPRINGS FL Zip Code 34488
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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 <i>James E Larramore</i> JAMES E LARRAMORE P.	4-24-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARRAMORE, CLYDE B 2193 NE 125 TERRACE ROAD SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LARRAMORE, CLYDE B 2193 NE 125 TERRACE ROAD SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LARRAMORE, JAMES E 2351 NE 125TH TERRACE ROAD SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/O/S/T LARRAMORE JAMES E 2193 NE 125 TERR RD SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D LARRAMORE CLYDE B 2193 NE 125 TERR RD SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: *James E Larramore* **JAMES E LARRAMORE P.** **4-24-07** **352 843 1320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #