


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 20, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 248559</b> 1. Entity Name <b>MARION REALTY, INC.</b>	
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Principal Place of Business <b>2193 NE 125 TERR RD SILVER SPRINGS, FL 34488 US</b>	Mailing Address <b>2193 NE 125 TERR RD SILVER SPRINGS, FL 34488 US</b>
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**DO NOT WRITE IN THIS SPACE**

02182008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**LARRAMORE, JAMES E  
2193 NE 125 TERRACE RD  
SILVER SPRINGS, FL 34488**

**DO NOT WRITE  
IN THIS SPACE**

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: *James E Larramore* **JAMES E LARRAMORE** **2-18-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000833783 02/28/08-80026-019 158:75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST LARRAMORE, JAMES E 2193 125 TERRACE RD SILVER SPRINGS, FL 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LARRAMORE, CLYDE B 2193 NE 125 TERRACE ROAD SILVER SPRINGS, FL 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *James E Larramore* **2-18-08** **352-843-1320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #