

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90011 012 ***150.00

DOCUMENT # 436956



1. Entity Name
MARCELLO PROPERTIES, INCORPORATED

Principal Place of Business Mailing Address
162 SE CAMP ST 162 SE CAMP ST
LAKE CITY FL 32025 LAKE CITY FL 32025



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State 4. FEI Number 59-1507049 Applied For Not Applicable

Zip Country Zip Country 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

COUEY, ADELAIDE
162 SE CAMP ST
LAKE CITY FL 32025

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Adelaide Couey 01/19/07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COUEY, ADELAIDE E	
STREET ADDRESS	162 SE CAMP ST	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COUEY, KEVIN JOHN	
STREET ADDRESS	RT 7 BOX 753-4	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COUEY, KEITH E JR	
STREET ADDRESS	162 SE CAMP ST	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5013 B SINE Gum Swamp Rd	
STREET ADDRESS	Lake City, FL 32055	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 SE Tucker ST	
STREET ADDRESS	Lake City, FL 32025	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Adelaide Couey 01/19/07 386-752-6473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Picture #