2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Feb 15, 2006 8:00 am **Secretary of State DOCUMENT # 447272** 1. Entity Name 02-15-2006 90053 038 ***150.00 MARCOBAY CONSTRUCTION, INC. Principal Place of Business Mailing Address 116 S KENTUCKY AVE LAKELAND FL 33801 116 S KENTUCKY AVE LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address 500 S. FLORIDA 500 SOUTH FLOREDA AUG Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) STE#2 Applied For City & State 4. FEI Number 59-1509590 AKELANDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAYLESS, HOWARD Not Acceptable) 116 S KENTUCKY AVE LAKELAND FL 33801 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 Floribar 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agen) and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change VDS Delete TITLE Addition TITLE COWPERTHWAITE, STEVE NAME NAME 500 SOU TH FLORIDA AUE STE 210 116 S KENTUCKY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP TITLE ☐ Delete TITLE BAYLESS, HOWARD NAME 500 SOUTH' FLORE DA AVE STE 2/0 LAKE (AND, FL 3380) STREET ADDRESS STREET ADDRESS 116 S KENTUCKY AVE CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME 500 SOUTH FLORIDA AVE. STE 210 LAKELAND FL 33801 MAME PHILLIPS, MARK STREET ADDRESS STREET ADDRESS 116 S KENTUCKY AVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I nereby certify that the information supplied with this filling 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.

FILED