


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 470012 1. Entity Name MAR-O-DEGULFO, INC.	
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Principal Place of Business 313 RILEY LAKE DRIVE HAWTHORNE, FL 32640	Mailing Address 313 RILEY LAKE DRIVE HAWTHORNE, FL 32640
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1572731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINTON, GEORGE K
313 RILEY LAKE DRIVE
HAWTHORNE, FL 32640

**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 _____ (NOTE: Registered Agent 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. <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 WINTON, GEORGE K 313 RILEY LAKE DRIVE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINTON, MARGERY A 313 RILEY LAKE DRIVE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODEUR, CHERI W 4818 N.W. 37TH WAY GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINTON, GEORGE R 8140 AUTUMN LANE NEW PT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/08-80062-011 150.00

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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 807, 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: MARGERY A. WINTON
Margery A. Winton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/08 352-481-0467
Date Daytime Phone #