



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90023 041 \*\*\*150.00

<b>DOCUMENT # 473017</b> 1. Entity Name <b>MAR-JON ASSOCIATES, INC.</b>					
Principal Place of Business <b>MAR-JON &amp; ASSOCIATES</b> <b>7497 NW 114TH TERR</b> <b>PARKLAND, FL 33076 US</b>			Mailing Address <b>MAR-JON &amp; ASSOCIATES</b> <b>7497 NW 114TH TERR</b> <b>PARKLAND, FL 33076 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-1585260</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01182008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>RUBIN, ROBERT L</b> <b>1300 BAY ROAD #468</b> <b>MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>Robert D'Shaughnessy</b> Street Address (P.O. Box Number is Not Acceptable) <b>3498 Oak Knoll Point</b> City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</b>		
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 <u><i>Robert D'Shaughnessy</i></u> 2/11/08    DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'SHAUGHNESSY, JOHN J. 7497 NW 114 TERR. POMPAHO BEACH, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D John J O'Shaughnessy III 3207 Roxmere Drive Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'SHAUGHNESSY, JOHN J. III 3207 ROXMERE DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Robert S O'Shaughnessy 3498 Oak Knoll Point Lake Mary FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <u><i>John J O'Shaughnessy</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1-22-08</u> Daytime Phone # <u>954-575-2112</u>		