


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 551624</b> 1. Entity Name <b>MARATHON GREENS, INC.</b>	
--	---

Principal Place of Business <b>7278 S. DEVON DRIVE 207 TAMARAC, FL 33321 US</b>	Mailing Address <b>7278 SO. DEVON DRIVE 207 TAMARAC, FL 33322 US</b>
--	---



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1870530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HORN, RONALD 7278 S DEVON DRIVE SUITE 207 TAMARAC, FL 33321</b>	<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HORN, RONALD L. 7278 S. DEVON DR. #207 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HORN, DOROTHY 7278 S. DEVON DR. #207 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HORN, RONALD L. 7278 S. DEVON DR., #207 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000236426  
02/21/05-80038-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

<b>SIGNATURE:</b> <i>Dorothy Horn</i> <b>DOROTHY HORN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2-17-05</b> <small>Date</small>	<b>954-721-2742</b> <small>Daytime Phone #</small>
--	---------------------------------------	---