## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## **Secretary of State DOCUMENT # 558371** 02-09-2007 90027 030 \*\*\*150.00 MARCO POLO BUILDERS, INC. Principal Place of Business Mailing Address 40012895 13561 S.W. 40TH CIRCLEE 13561 S.W. 40TH CIRCLEE OCALA, FL 34473 US OCALA, FL 34473 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13561 S.W. 40th Circle 13561 Sw 40th Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Mala mala lurida 59-1785433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAVICIC, KATICA ess (P.O. Box Number is Not Acceptable) 3310 SW 58TH-6T OCALA, FL 34474. 8. The above named en Mubmits this statern 🌠 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. EVP Delete TITLE ☐ Addition ROWE, PHYLLIS NAME NAME 5364 S.W. 84TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34476 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition PAVICIC, KATICA NAME NAME 3310 SW 58TH STREET STREET ADDRESS STREET ADDRESS City-St-7iP OCALA, FL 34474 CITY-ST-ZIP Delete TITLE TITLE **K** Change ☐ Addition POWERS, ALBINA 4240 SW 55+1, Avenue PAVICIC, ALBINA NAME STREET ADDRESS 4260 SW 58TH AVE STREET ADDRESS Ocala CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition PAVICIC, PHILLIP NAME NAME STREET ADDRESS 3310 SW 58TH ST STREET ADDRESS OCALA, FL 34474 CITY-ST-71P CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver of 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 any address, with all the receiver of trustee empowered.

FILED Feb 09, 2007 8:00 am