


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90061 026 ***158.75

DOCUMENT # 558371 1. Entity Name MARCO POLO BUILDERS, INC.	
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Principal Place of Business 13561 S.W. 40TH CIRCLE OCALA, FL 34473 US	Mailing Address 13561 S.W. 40TH CIRCLE OCALA, FL 34473 US
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2. Principal Place of Business - No P.O. Box # 13561 SW 40th Circle	3. Mailing Address 13561 SW 40th Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1785433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAVICIC, KATICA 13561 SW 40TH CIRCLE OCALA, FL 34473	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE EVP	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROWE, PHYLLIS		NAME PAVICIC PHILLIP	
STREET ADDRESS 5364 S.W. 84TH PLACE		STREET ADDRESS 1231 SE 91st Place	
CITY-ST-ZIP OCALA, FL 34476		CITY-ST-ZIP Ocala FL 34480	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAVICIC, KATICA		NAME	
STREET ADDRESS 3310 SW 58TH STREET		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, ALBINA		NAME	
STREET ADDRESS 4260 SW 58TH AVE		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAVICIC, PHILLIP		NAME	
STREET ADDRESS 3310 SW 58TH ST		STREET ADDRESS	
CITY-ST-ZIP OCALA, FL 34474		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *Phillip Pavicic* 01/08/08 352-347-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #