

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 559516

1. Entity Name
MAR-VI MOBILE HOME ESTATES, INC.



Principal Place of Business
**37945 BENTLEY DR.
ZEPHYRHILLS, FL 33541**

Mailing Address
**1046 MIDDLESEX DR
NEW PORT RICHEY, FL 34655**

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1872777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORSETTI, STEPHEN E
1046 MIDDLESEX DRIVE
NEW PORT RICHEY, FL 34655**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CORSETTI, ALBERT J.
STREET ADDRESS	2107 HERITAGE CREST DR.
CITY-ST-ZIP	VALRICO, FL
TITLE	PT
NAME	CORSETTI, STEPHEN
STREET ADDRESS	1046 MIDDLESEX DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VP
NAME	CORSETTI, THOMAS
STREET ADDRESS	515 OAK BRIDGE TRAIL
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	S
NAME	CLARKE, DEBORAH
STREET ADDRESS	261 CLEVELAND ST
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000578328
01/09/07-80024-019 150.00

**DO NOT WRITE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #