

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 579896

1. Entity Name
MARV, INC.



Principal Place of Business
2613 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744-1889

Mailing Address
P.O. BOX 420922
KISSIMMEE, FL 34742 US

FILED
Apr 30, 2008 08:00 AM
Secretary of State



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1972769

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOUT, RAY C.
210 MAGNOLIA RD.
113
MAITLAND, FL 32751

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOUT, RAY C.
STREET ADDRESS	210 MAGNOLIA RD # 113
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VT
NAME	STOUT, MARILYN
STREET ADDRESS	210 MAGNOLIA RD # 113
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	SD
NAME	JOHNSON, LYNN
STREET ADDRESS	30 W 061 PENNY LANE
CITY-ST-ZIP	WARRENVILLE, IL 60555
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000934942
05/23/08-80053-019 150.00

**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:

Ray C Stout
RAY C STOUT

4/25/08 407-873-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #