

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 675550		
1. Entity Name MICHAEL E. MARSENGILL & CO., INC.		
Principal Place of Business 1900 GLADES ROAD #307 BOCA RATON, FL 33431		Mailing Address 1900 GLADES ROAD #307 BOCA RATON, FL 33431
DO NOT WRITE IN THIS SPACE		
		01082007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2058847		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARSENGILL, MICHAEL E 1900 GLADES RD. STE 307 BOCA RATON, FL 33431-8548		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UNIQUE 11928 02/02/07-80080-025 150.00
TITLE	DS	DO NOT WRITE IN THIS SPACE
NAME	MARSENGILL, JOAN P	
STREET ADDRESS	1900 GLADES RD. STE 307	
CITY- ST- ZIP	BOCA RATON, FL 334318548	
TITLE	VP	
NAME	MARSENGILL, MICHAEL E JR	
STREET ADDRESS	1900 GLADES RD. STE 307	
CITY- ST- ZIP	BOCA RATON, FL 334318548	
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	MARSENGILL, MICHAEL E SR	
STREET ADDRESS	1900 GLADES RD. STE 307	
CITY- ST- ZIP	BOCA RATON, FL 334318548	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 all other like empowered.		
SIGNATURE:  Joan P. Marsengill		01/23/07 561-150-074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 1204