

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 721091

1. Entity Name
MARATHON ANIMAL SHELTER, INC.



Principal Place of Business
**615 11 ST
MARATHON, FL 33050 US**

Mailing Address
**615 11 ST
MARATHON, FL 33050 US**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1367785

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAILEY, DAWN
615 11 ST
MARATHON, FL 33050**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
DAILEY, DAWN
615 11 ST
MARATHON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SMILEY, ANDREA
309 11TH ST OCEAN
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DOBBINS, MARGARET
615 115TH STREET OCEAN
MARATHON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
HOLLEY, ELKE
615-11TH ST
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SANDIA, RISHAK
2390 NW SUNSET BLVD
JENSON BCH, FL 34937**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000797815
01/30/08-80003-014 70.00

**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 617, 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 #

1-9-08 305-743-3253