

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 724054

Entity Name: MARIETTA MANAGEMENT CO., INC.

Current Principal Place of Business:

3429 S PENINSULA DR
DAYTONA BEACH SHORES, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

3429 S PENINSULA DR
DAYTONA BEACH SHORES, FL 321186345 US

New Mailing Address:

3429 S PENINSULA DR
DAYTONA BEACH SHORES, FL 32118 US

FEI Number: 59-1631550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURT, LEONARD
3429 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUCKS, MIKE
Address: 102 SEAWAY
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD () Delete
Name: BROOKHART, BARBARA,
Address: 3421 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 00000,

Title: VD () Delete
Name: GIBBLE, GLENN
Address: 3427 S PENINSULA DR
City-St-Zip: DAYTONA BCH, FL 32118

Title: TD () Delete
Name: LEONARD, CURT
Address: 3429 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURT LEONARD

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date