# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 08, 2006 08:00 A**
**Secretary of State**

DOCUMENT # F00000006680

1. Entity Name
MARSHALL HOTELS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 718 NAYLOR MILL ROAD<br>SALISBURY, MD 21801 | 718 NAYLOR MILL ROAD<br>SALISBURY, MD 21801 |

07312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
52-1185803
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000573780
08/08/06 00001 001 150.75

**FILE NOW!!! FEE IS $150.00**
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | CD |
| NAME | MARSHALL, CHARLES L |
| STREET ADDRESS | 718 NAYLOR MILL ROAD |
| CITY-ST-ZIP | SALISBURY, MD 21801 |
| TITLE | PD |
| NAME | MARSHALL, MICHAEL P |
| STREET ADDRESS | 718 NAYLOR MILL ROAD |
| CITY-ST-ZIP | SALISBURY, MD 21801 |
| TITLE | SD |
| NAME | MARSHALL, DELOURDES B |
| STREET ADDRESS | 718 NAYLOR MILL ROAD |
| CITY-ST-ZIP | SALISBURY, MD 21801 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:** Thomas L Marshall 7/31/06 410/749-8464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #