


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90044 022 \*\*\*158.75

<b>DOCUMENT # F01000006536</b>					
<b>1. Entity Name</b> <b>VAN MARLEK &amp; ASSOCIATES, INC.</b>					
<b>Principal Place of Business</b> <b>378 CENTERPOINTE CIR</b> <b># 1202</b> <b>ALTAMONTE SPRINGS, FL 32701</b>			<b>Mailing Address</b> <del>P.O. BOX 447</del> <del>WINTER PARK, FL 32790</del>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <b>P.O. Box 160488</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ALTAMONTE SPRINGS, FL</b>		<b>4. FEI Number</b> <b>54-2055981</b>	
Zip		Zip <b>32716-0488</b>		Country <b>SEMINOLE</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>VAN KLINGEREN, THOMAS R</b> <b>620 RIVERPARKK CIR.</b> <b>LONGWOOD, FL 32779</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>NO CHANGE</b> City <b>FL</b>	
<b>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.</b> SIGNATURE <u>N/A</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VAN KLINGEREN, THOMAS R 620 RIVERPARK CIR. LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHALEK, ANESA J 19916 SE 277TH STREET KENT, WA 98042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHALEK, ANESA J. 11006 N.E. 144 <sup>th</sup> STREET KIRKLAND, WA 98084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Thomas R. Van Klinger</u> <b>THOMAS R. VAN KLINGEREN</b>			<b>4/10/07</b> <b>(407) 599-2216</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		