

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # F01000006536

1. Entity Name
VAN MARLEK & ASSOCIATES, INC.



Principal Place of Business
**378 CENTERPOINTE CIR
1202
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**P.O. BOX 160488
ALTAMONTE SPRINGS, FL 32716-0488**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2055981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN KLINGEREN, THOMAS R
620 RIVERPARKK CIR.
LONGWOOD, FL 32779**

**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 **NO CHANGE IN REGISTERED AGENT.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDT**
NAME **VAN KLINGEREN, THOMAS R**
STREET ADDRESS **620 RIVERPARK CIR.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **SD**
NAME **MICHALEK, ANESA J**
STREET ADDRESS **11006 N.E. 144TH STREET**
CITY-ST-ZIP **KIRKLAND, WA 98084**

TITLE
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STREET ADDRESS
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0000000213484
02/13/08-00006-008 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

Date

(407) 599-2216

Daytime Phone #