


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 A
Secretary of State

DOCUMENT # F03000005237	
1. Entity Name TONY MARGERIE & ASSOCIATES, INC.	

Principal Place of Business 28 LIBERTY SHIP WAY SUITE 2800 SAUSALITO, CA 94965	Mailing Address P.O. BOX 2018 SAUSALITO, CA 94966
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-1744337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDAUA, ELISA
369 SOUTH POLK DRIVE
SARASOTA, FL 34236

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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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000942177 05/29/08-800009-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARGERIE, ANTHONY 576 SAN PEDRO COVE SAN RAFAEL, CA 94901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGERIE, ROXANNE 576 SAN PEDRO COVE SAN RAFAEL, CA 94901
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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 another like empowered.

SIGNATURE: *Roxanne Margerie* **Roxanne Margerie** 4-28-08 309-3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #