


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**


04-14-2008 90033 004 \*\*\*150.00

<b>DOCUMENT # F04000004127</b>	
1. Entity Name <b>MARLITE, INC.</b>	

Principal Place of Business <b>202 HARGER STREET DOVER, OH 44622</b>	Mailing Address <b>202 HARGER STREET DOVER, OH 44622</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**40067204**



02222008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0836972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>HURLEY, EDWARD 535 SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952</b>	

7. Name and Address of New Registered Agent	
Name <b>Hurley, Edward</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4160 Central Sarasota Parkway Unit 622</b>	
City <b>Sarasota</b>	FL Zip Code <b>34238</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.

SIGNATURE **Edward M. Hurley** DATE **03-19-08**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO POPA, JOHN M 202 HARGER STREET DOVER, OH 44622</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VVCS DUDLEY, FRED L 202 HARGER STREET DOVER, OH 44622</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Kim McBride 202 Harger Street Dover, OH 44622</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 507, 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: **Kimberly D McBride** **Kimberly D. McBride** **CFO** **02/27/08** **(330) 343-6621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**ATTACHMENT**

**40067204**



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