

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F27033 1. Entity Name MARBLEHEAD FINANCIAL, INC.	
---	---

Principal Place of Business 223 SO COMMERCE AVE P O BOX 1616 SEBRING, FL 33870	Mailing Address 223 SO COMMERCE AVE P O BOX 1616 SEBRING, FL 33870
---	---

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2072652	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

JONES, JACK W.  
2633 JASMINE WAY  
SEBRING, FL 33870

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

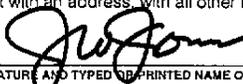
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JONES, JACK W 2633 JASMINE WAY SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JONES, BARBARA F. 2633 JASMINE WAY SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JONATHAN MCL. 3101 DUFFER RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AC FOLSOM, CHRISTINA J 121 KAROLA DRIVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000177911  
01/12/05-80007-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/10/05 863-385-2442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #