

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 042 ***150.00

DOCUMENT # F96000004020

1. Entity Name
MARATHON MACHINE, INC.



Principal Place of Business
**14 JEFFERSON ROAD
CHESTNUT HILL, MA 02467 US**

Mailing Address
**14 JEFFERSON RD
CHESTNUT HILL, MA 02467 US**

2. Principal Place of Business
62 Hopkinton Road
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Westboro

City & State
MA

Zip
01581

Country
U.S.A

Zip

Country

08132004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMERON, KENNETH W
EDGEWATER MANOR
8500 BYRON AVE.
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CAMERON, KENNETH 8500 BYRON AVE MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMERON, JEFFREY R 14 JEFFERSON RD CHESTNUT HILL, MA 02467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ELIZABETH 14 JEFFERSON ROAD CHESTNUT HILL, MA 02467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	President, Treasurer, Director, Clerk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Janus Connelly 6 College Street Hopkinton, MA 01748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth W. Cameron 8500 Byron Avenue Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Connelly 6 College Street Hopkinton, MA 01748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Janus Connelly Janus Connelly 8/14/2004 508-366-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #