

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # G63598

1. Entity Name
MAREECO ENTERPRISES, INC.



Principal Place of Business

**5300 W. CYPRESS ST.
STE 150
TAMPA, FL 33607 US**

Mailing Address

**P.O. BOX 24168
P. O. BOX 24168
TAMPA, FL 33623-4168 US**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2332967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COPPAGE, REESE
5300 W CYPRESS ST.
STE. 150
TAMPA, FL 33607**

**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

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
After May 1, 2006 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	COPPAGE, REESE
STREET ADDRESS	1112 CULBREATH ISLE DR
CITY-ST-ZIP	TAMPA, FL

TITLE	SD
NAME	COPPAGE, MARTHA ANN
STREET ADDRESS	1112 CULBREATH ISLE DR
CITY-ST-ZIP	TAMPA, FL

TITLE	ASD
NAME	COPPAGE, CHRISTOPHER
STREET ADDRESS	214 S GARDENIA AVE.
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	ASD
NAME	COPPAGE, CATHERINE
STREET ADDRESS	1103 MARQUINA DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000510275
04/28/06-80076-022 150.00

**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 *Martha Ann Coppage* **Martha Ann Coppage** **04/11/06** **813-281-0091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #