

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63598

FILED
Apr 16, 2007
Secretary of State

Entity Name: MAREECO ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24168
P. O. BOX 24168
TAMPA, FL 336234168 US

New Mailing Address:

P.O. BOX 24168
TAMPA, FL 336234168 US

FEI Number: 59-2332967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: COPPAGE, REESE,
Address: 1112 CULBREATH ISLE DR
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: COPPAGE, MARTHA ANN
Address: 1112 CULBREATH ISLE DR
City-St-Zip: TAMPA, FL

Title: ASD () Delete
Name: COPPAGE, CHRISTOPHER
Address: 214 S GARDENIA AVE.
City-St-Zip: TAMPA, FL 33609

Title: ASD () Delete
Name: COPPAGE, CATHERINE
Address: 1103 MARQUINA DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REESE COPPAGE

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04/16/2007

Electronic Signature of Signing Officer or Director

Date