

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED -
Apr 02, 2007 08:00 AM
Secretary of State



DOCUMENT # H06931

1. Entity Name
MARATHON PAINTERS, INC.

Principal Place of Business
**% PIERRE BITZANAKIS
365 DESOTO PARKWAY
SATELLITE BEACH FL 32937**

Mailing Address
**% PIERRE BITZANAKIS
365 DESOTO PARKWAY
SATELLITE BEACH FL 32937**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2418637**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BITZANAKIS, PIERRE
365 DESOTO PARKWAY
SATELLITE BEACH FL 32937**

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE: **DP** Delete
NAME: **BITZANAKIS, PIERRE**
STREET ADDRESS: **365 DESOTO PARKWAY**
CITY-STATE-ZIP: **SATELLITE BEACH FL 32937**

TITLE: **VTS** Delete
NAME: **BITZANAKIS, DIMITRIOS**
STREET ADDRESS: **365 DESOTO PARKWAY**
CITY-STATE-ZIP: **SATELLITE BEACH FL 32937**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: _____
STREET ADDRESS: **U0000068856**
CITY-STATE-ZIP: **04/10/07-80017-007 150.00**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-07 (321) 779-3777

Date

Daytime Phone #