

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # H23467

1. Entity Name
MARSUD, INC.



Principal Place of Business
**1285 16TH STREET
VERO BEACH, FL 32960**

Mailing Address
**1285 16TH STREET
VERO BEACH, FL 32960**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2455000

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GAULT, DOUGLAS L.
1285 16TH STREET
VERO BEACH, FL 32960**

**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

Douglas L. Gault *Douglas L. GAULT*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000942895
05/29/08-80036-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GAULT, DOUGLAS L.
STREET ADDRESS	1285 16TH STREET
CITY-ST-ZIP	VERO BEACH, FL
TITLE	S
NAME	GAULT, DAUGLAS
STREET ADDRESS	1285 16TH ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VT
NAME	GAULT, SUZANNE
STREET ADDRESS	1285 16TH ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Douglas L. Gault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/08 *772-567-8271*