

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90022 022 \*\*\*150.00

DOCUMENT # H66960

1. Entity Name

MARLEN DEVELOPERS, INC.



Principal Place of Business  
712 W. PIERSON DR  
LYNN HAVEN FL 32444

Mailing Address  
P.O. BOX 1139  
LYNN HAVEN FL 32444



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-2567343

Applied For  
Not Applicable

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

MCCAIN, MARVIN E.  
712 W PIERSON DR  
LYNN HAVEN FL 32444

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 incorporating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 MCCAIN, MARVIN E.  
STREET ADDRESS P.O. BOX 1139 N/A  
CITY-ST-ZIP LYNN HAVEN FL

TITLE DS ☐ Delete  
NAME MCCAIN, LENDA H.  
STREET ADDRESS P.O. BOX 1139 N/A  
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☒ Delete  
NAME ~~MOWAT, JAMES M.~~  
STREET ADDRESS ~~HIGHWAY 389~~  
CITY-ST-ZIP ~~LYNN HAVEN FL~~

TITLE D ☐ Delete  
NAME ANDREWS, SANDY W.  
STREET ADDRESS HIGHWAY 389  
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☐ Delete  
NAME ANDREWS, BETTY J. M.  
STREET ADDRESS HIGHWAY 389  
CITY-ST-ZIP LYNN HAVEN FL

TITLE Add  
NAME Tim Mowat  
STREET ADDRESS Highway 389  
CITY-ST-ZIP Lynn Haven, Fl. 32444

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D Ronald Mowat  
STREET ADDRESS Highway 389  
CITY-ST-ZIP Lynn Haven, Fl. 32444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME David Mowat  
STREET ADDRESS Highway 389  
CITY-ST-ZIP Lynn Haven, Fl. 32444

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:

Marvin E. McCain  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 5, 2008

850-265-

Date

Daytime Phone #

5528