

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-25-2008 90036 022 ***150.00

DOCUMENT # J41592	
1. Entity Name MA RE GEIST VENTURES, INC.	

Principal Place of Business % RICHARD L. COX 2548 BELVOIR BLVD SARASOTA, FL 34237-7232	Mailing Address % RICHARD L. COX 2548 BELVOIR BLVD SARASOTA, FL 34237-7232
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DO NOT WRITE IN THIS SPACE

66003160



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2737289	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COX, RICHARD L 2548 BELVOIR BLVD SARASOTA, FL 33577	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.	

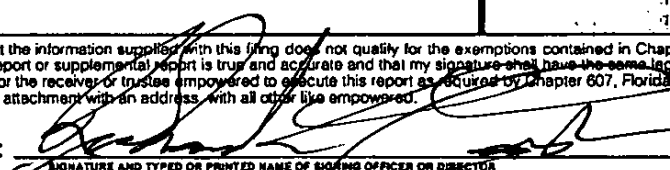
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COX, CHARLOTTE 2548 BELVOIR BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, RICHARD 2548 BELVOIR BLVD SARASOTA, FL
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #