

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L30979

FILED
Jan 05, 2006
Secretary of State

Entity Name: 4M MARION PROPERTIES, INC.

Current Principal Place of Business:

2419 GULF TO BAY BLVD
LOT 208
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2419 GULF TO BAY BLVD.
LOT 208
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 65-0156458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MICHELLE D
2419 GULF TO BAY BLVD. LOT 208
CLEARWATER, FL 33765 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: V () Delete
Name: SMITH, MICHELLE D.
Address: 11819 BLUE TICK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: MARION, MICHAEL,
Address: 19011 BROOKER CREEK DR.
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: KIRK, MARGARET A.
Address: 11807 BLUE TICK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: WADE, MAUREEN
Address: 2419 GULF TO BAY BLVD. LOT 208
City-St-Zip: CLEARWATER, FL 33765

Title: P () Delete
Name: MARION, ROBERT,
Address: 19101 RUSTIC WOODS TR.
City-St-Zip: ODESSA, FL 33556

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:

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: MICHELLE D. SMITH

V

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date