

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M68197

1. Entity Name
SOMERSET CORPORATION OF MARCO



Principal Place of Business
% NASSIF DEVELOPMENT, L.L.C.
9130 GALLERIA COURT, SUITE 316
NAPLES, FL 34109 US

Mailing Address
% DAVID NASSIF COMPANY
195 WORCESTER STREET, SUITE 301
WELLESLEY, MA 02481 US



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2998396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASSIF, DAVID W
% NASSIF DEVELOPMENT, L.L.C.
9130 GALLERIA COURT, SUITE 316
NAPLES, FL 34109

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

000000939826

05/28/08-80020-001 150.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NASSIF, DAVID W 9130 GALLERIA COURT STE 316 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAROCH, TIMOTHY D 195 WORCESTER STREET STE 301 WELLESLEY, MA 02481
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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

Timothy D. Jaroch

4/18/08

Date

781-431-1030

Daytime Phone #