


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 039 ****70.00

DOCUMENT # N00000001827 1. Entity Name KEEP MARION BEAUTIFUL, INC.					
Principal Place of Business 14727 N. US HWY 441 CITRA, FL 32113			Mailing Address PO BOX 6043 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292007 Chg-NP CR2E037 (12/08)	
Zip		Country		4. FEI Number 59-3387357	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WUESTENHAGEN, ROBERT 961 NE 7TH ST OCALA, FL 34470				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		
TITLE	DC		TITLE	DC	
NAME	WUESTENHAGER, BOB <input type="checkbox"/> Delete		NAME	WUESTENHAGEN, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	961 NE 7TH ST		STREET ADDRESS	961 NE 7th St.	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLIFER, DENNIS		NAME		
STREET ADDRESS	5601 SE 66ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILEY, GREG		NAME		
STREET ADDRESS	111 SE 25TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, CHARLIE		NAME		
STREET ADDRESS	PO BOX 778		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34421		CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATHAWAY, JAN		NAME		
STREET ADDRESS	1841 SE 56TH CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLORIO, JAMES		NAME	YONCE, DENNIS	
STREET ADDRESS	1107 SW 7TH ROAD		STREET ADDRESS	1755 NE 165th St	
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	Citra, FL 32113	
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 617, 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: <i>Robert Wuestenhagen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/07 <small>Date</small>		(352) 625-2527 2520 X 2527 <small>Daytime Phone #</small>