

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000049435		
1. Entity Name MARAC, INC.		
Principal Place of Business 3665 BEE RIDGE ROAD SUITE #310 SARASOTA, FL 34233	Mailing Address 3665 BEE RIDGE ROAD SUITE #310 SARASOTA, FL 34233	
DO NOT WRITE IN THIS SPACE		
		04062006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1033632		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CARRION, JAIME S 3665 BEE RIDGE ROAD SUITE #310 SARASOTA, FL 34233		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) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CD CARRION, JAIME S 3665 BEE RIDGE ROAD SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, ROBERT A 1430 KENILWORTH STREET SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, DORA MARIA C 3665 BEE RIDGE RD. # 310 SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 <u><i>Dora Maria C Thomas</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-10-06</u> Daytime Phone # <u>941-923-4551</u>