

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000067842

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** MARIANNA FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

4404 A LAFAYETTE ST  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

MARIANNA FINANCIAL SERVICES INC  
P O BOX 518  
MARIANNA, FL 32447 US

**New Mailing Address:**

**FEI Number:** 59-3659327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARCUS, DEBRA A  
4404 A LAFAYETTE ST  
MARIANNA, FL 32446 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARCUS, DEBRA A  
Address: P.O. BOX 1315  
City-St-Zip: BONIFAY, FL 32425

Title: STD  
Name: DEES, LESTER E  
Address: 8440 BLUEBONNET BLVD SUITE A  
City-St-Zip: BATON ROUGE, LA 70810

I hereby 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 all other like empowered.

SIGNATURE: LESTER E. DEES

DST

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date