

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068662

Entity Name: WAYNE A. MARION INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

7342 MYRTLE ROAD
FT MYERS, FL 33912

New Principal Place of Business:

25105 LUCI DRIVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

7342 MYRTLE ROAD
FT MYERS, FL 33912

New Mailing Address:

25105 LUCI DRIVE
BONITA SPRINGS, FL 34135

FEI Number: 65-1031709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARION, WAYNE A
7342 MYRTLE ROAD
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MARION, WAYNE A
25105 LUCI DRIVE
BONITA SPRINGS, FL 34135 US

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:

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MARION, WAYNE A
Address: 7342 MYRTLE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: KOEHL, ANDREW
Address: 3350 WHIDDEN LOOP ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: GUFFEY, CHRISTOPHER J
Address: 7345 LOBELIA ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MARION, WAYNE A
Address: 25105 LUCI DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: WAYNE MARION

PSTD

01/13/2006

Electronic Signature of Signing Officer or Director

Date