

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000036886**

1. Entity Name  
**MARA CONSTRUCTION & COMPANY, INC.**



Principal Place of Business  
**2132 MARQUIS CT.  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**P.O. BOX 246  
PALM HARBOR, FL 34682**



01192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3710744**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MITCHELL, GARY  
2182 MARQUIS CT  
NEW PORT RICHEY, FL 34655**

**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 \_\_\_\_\_  
Signatures 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, 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 **P**  
NAME **MITCHELL, GARY L**  
STREET ADDRESS **2132 MARQUIS CT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **ST**  
NAME **ABBZIA, SALLY M**  
STREET ADDRESS **2132 MARQUIS CT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE  
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CITY-ST-ZIP

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U00000804214  
02/05/08-80059-011 150.00

**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

Date

Daytime Phone #

✓ 1-25-08 ✓ 727-375-0635