

ANNUAL REPORT (AR)

DOCUMENT # P01000042250

1. Entity Name

MARSAM INVESTMENTS, INC.



FILED
Feb 02, 2007 08:00 AM
Secretary of State



Principal Place of Business

3030 GRAND BAY BLVD
#3102
LONG BOAT KEY FL 34228

Mailing Address

3030 GRAND BAY BLVD
#3102
LONG BOAT KEY FL 34228

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1095825

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMOWITZ, MARTIN A
3030 GRAND BAY BLVD
LONG BOAT KEY FL 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SAMOWITZ, MARTIN A
3030 GRAND BAY BLVD
LONG BOAT KEY FL 34228
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000618500
02/08/07-80032-019 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
SAMOWITZ, PAULETTE
3030 GRAND BAY BLVD #3102
LONGBOAT KEY FL 34228
☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARTIN A. SAMOWITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

941-387-2404

Date

Daytime Phone #