

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90026 043 \*\*\*150.00

**DOCUMENT # P01000116257**

1. Entity Name  
**MARION CENTRAL CORPORATION**



Principal Place of Business  
**2753 US HWY 90 EAST  
LAKE CITY, FL 32055**

Mailing Address  
**P.O. BOX 3176  
LAKE CITY, FL 32056-3176**

**60015518**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3759908**

Applied For  
Not Applicable

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

**BULLARD, AUDREY S  
1826 SW SR 47  
LAKE CITY, FL 32025**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Delete  
NAME LAUER, ANNESA D  
STREET ADDRESS 48 LEE STREET  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE P/D ☒ Change ☐ Addition  
NAME Lauer, Annesa D  
STREET ADDRESS 232 Bluebird Lane  
CITY-ST-ZIP Saint Augustine, FL 32080

TITLE VP ☐ Delete  
NAME DENUNE, HARRY C  
STREET ADDRESS PO BOX 3176  
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Audrey S. Bullard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/06*  
Date

Daytime Phone #

Audrey S. Bullard  
PO Box 1733