


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90048 040 ***158.75

DOCUMENT # P02000005960	
1. Entity Name MARATHON MOTORS CORPORATION	

Principal Place of Business 1714 N. GOLDENROD ROAD SUITE D-5 ORLANDO FL 32807	Mailing Address 1714 N. GOLDENROD ROAD SUITE D-5 ORLANDO FL 32807
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2. Principal Place of Business 1714 N. GOLDENROD ROAD Suite, Apt. #, etc. D-5	3. Mailing Address 1714 N. GOLDENROD ROAD Suite, Apt. #, etc. D-5
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1st MOORE CR2E034 (10/05)

City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA	4. FEI Number 26-0033617	Applied For <input type="checkbox"/> Not Applicable
Zip 32807-8458	Country USA	Zip 32807-8458	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAM A.G. SANFORD 1714 N. GOLDENROD ROAD SUITE D-5 ORLANDO FL 32807

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *William A.G. Sanford* **WILLIAM A.G. SANFORD, PRESIDENT** 01-26-06
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM A.G. SANFORD 1722 LAFAYETTE COURT ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANFORD, JULIE A 1722 LAFAYETTE COURT ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William A.G. Sanford* **WILLIAM A.G. SANFORD, PRESIDENT** 1-(407)-617-3325