

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006396

Entity Name: MARLEENICUS, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1300 SHADOW LANE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1300 SHADOW LANE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 04-3622888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ERLEENE
1300 SHADOW LANE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SANDERS, ERLEENE
Address: 1300 SHADOW LANE
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: WILTSHIRE, MARY C
Address: 6417 MARK LANE
City-St-Zip: FORT MYERS, FL 33912

Title: VP/S () Delete
Name: SHOOK, RHONDA E
Address: 3333 WEST RIVERSIDE DRIVE
City-St-Zip: FORT MYERS,, FL 33901

Title: OFF () Delete
Name: SHOOK, HANSEL
Address: 3333 WEST RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: OFF () Delete
Name: SANDERS, ANDREA L
Address: 1300 SHADOW LANE
City-St-Zip: FORT MYERS, FL 33901

Title: OFFI () Delete
Name: SHOOK, CHARLES
Address: 3333 WEST RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ERLEENE SANDERS

OWNE

04/14/2009

Electronic Signature of Signing Officer or Director

Date