## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016285

Title:

Name: Address:

City-St-Zip:

Entity Name: MARMAC CONSTRUCTION, INC.

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1803 HOMESTEAD STREET SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 1803 HOMESTEAD STREET SEBRING, FL 33870 FEI Number: 68-0490020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, LAWRENCE J 1803 HOMESTEAD STREET SEBRING, FL 33870 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MARTIN, LAWRENCE J Name: Name: 1803 HOMESTEAD STREET Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: MARTIN, JOSHUA M Name: MARTIN, JOSHUA M 1803 HOMESTEAD ST. 2205 JACKSON HEIGHTS DRIVE Address: Address: SEBRING, FL 33870 SEBRING, FL 33870 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: MARTIN, RUSSELL T III MARTIN, MARYSUE Name: Name: 5001 SW 20TH ST APT# 6701 1803 HOMESTEAD STREET Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: SEBRING, FL 33870

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE J. MARTIN P 04/27/2007

(X) Delete

MCLENIN, PARTICK D

520 MAGNOLIA AVE

SEBRING, FL 33870

() Change () Addition