2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100775

1. Entity Name

EUGENE CHARLES MAROTTA, P.A.



Principal Place of Business

20125 BUTTERMERE CT ESTERO, FL 33928 US Mailing Address

20125 BUTTERMERE CT ESTERO, FL 33928 US

FILED Jul 14, 2008 8:00 am Secretary of State

07-14-2008 90033 044 ***150.00

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07072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAROTTA, EUGENE C 20125 BUTTERMERE CT ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE

| | | | | IIN | I HIS SPACE |
|--|--|---|-------------------------------|----------------------------|--|
| the obligat | ions of registered agent. | purpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and tit | le if applicable. (NOTE: Registered | Agent signature | required when reinstaling) | DATE |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. | OFFICERS AND DIRE | ECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P MARKOTTA, EUGENE C 20125 BUTTERMERE CT ESTERO, FL 33928 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | · · · · · · · · · · · · · · · · · · · | | | |

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 attaction of the corporation or the receiver of trustee empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

ingue (. Marth EVGENE C. MARS TIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08 239.494-109