## FILED Apr 23, 2008 8:00 am Secretary of State **2008 FOR PROFIT CORPORATION ANNUAL REPORT** 04-23-2008 90014 024 \*\*\*150.00 DOCUMENT # P03000003008 1. Entity Name

MARION	& PARTNERS INC.								
Principal Plac	e of Business	Mailing Address			7 7	-			
4407 SAIL D		4407 SAIL DR							
	ICHEY, FL 34652	NEW PORT RICHEY, FL	34652						
	,						Die Bewi Brice W	ILI 88III 88I8I IS	H <b>es</b> t H (BA)
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb 01-076			<del></del>	oplied For ot Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
-	6. Name and Address of Curren	l Registered Agent			7. Name and	Address of New	Registered /	lgent	
			1	Name		-			
4407 SAIL	A, MARIAN W DR		ŀ	Street Address	s (P.O. Box Numb	er is Not Acceptab	le)		
	T RICHEY, FL 34652		ļ		·	·	<u> </u>		
				City			FL	Zip Cod	е
	named entity submits this statement f	or the purpose of changing its	registere	d office or regist	tered agent, or bo	th, in the State of F	lorida. I am I	amiliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE_	·	<u> </u>							
	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered	Agent signature requir	red when reinstating)		DATE		
FIL	E NOWIII FEE IS \$150.00	9. Election Campai			5.00 May Be				
After Ma	ay 1, 2008 Fee will be \$550.	.00 Trust Fund Contr	ibution.	□ Ac	dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	Р	Delete	TITLE					☐ Change	☐ Addition
NAME	STACHURA, MARIAN W		NAME	1					
STREET ADORESS CITY-ST-ZIP	4407 SAIL DR   NEW PORT RICHEY, FL 34652	)		T ADORESS ST-ZIP					
	V		_						☐ Addition
TITLE NAME	STACHURA, BARBARA	Delete	TITLE	I				☐ Change	L. Addition
STREET ADORESS	4407 SAIL DR			T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAVAE			HAME	F					
STREET AOORESS CITY-ST-ZIP				T ADORESS ST-ZIP					
TITLE		□ D-144	TITLE		<del></del>			☐ Change	Addition
NAME		☐ Delete	NAME	<b>I</b>				C Oranite	Addition
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	<b>I</b>				☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAMÉ		C Descie	NAME	<b>I</b>					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	\$T-ZIP		<u> </u>			
12. I hereby o	certify that the information supplied wit	th this filing does not qualify for	r the exe	mptions contains	ed in Chapter 119	, Florida Statutes.	I further cert	ify that the in	nformation

Indeeby certify that the information supplied with this tilling does not quality for the exemptions contained in charge in the information supplied with this find 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 the charge state of the cha

	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	/ Date	Daytime Phone #		
SIGNATURE: _	PRES.	3/16/08	727-815-3292		
changed, or on an att	achient with an address, with all other like empowered as required by Chapter 607, Fiolida:	Statutes; and that my n	ame appears in Block 10 or Block 11 if		