2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000009253

1. Entity Name
MARCO 4, INC.

Principal Place of Business	Mailing Address
1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145	1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145

07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1951305
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREUSEL, JAMIE B
STREET ADDRESS	1104 N. COLLIER BOULEVARD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	DR.
NAME	STONE, JUSTIN H
STREET ADDRESS	16 WOOD GLEN WAY
CITY-ST-ZIP	BOONTON, NJ 07005
TITLE	MR.
NAME	GREENBLATT, STEVEN B
STREET ADDRESS	12 WARWICK ROAD
CITY-ST-ZIP	SUMMIT, NJ 07901
TITLE	MR.
NAME	STEINER, PAUL
STREET ADDRESS	17 COURTER AVENUE
CITY-ST-ZIP	MAPLEWOOD, NJ 07040
TITLE	MR.
NAME	STONE, DOUGLAS B
STREET ADDRESS	870 PIERMONT AVENUE
CITY-ST-ZIP	PIERMONT, NY 10968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000574967
08/22/06-80005-012 550.00

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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 attachment with an address, with all other like empowered.

SIGNATURE: S Greenblatt SECRETARY 8/1/06 908-598-7145
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #