


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90126 048 \*\*\*150.00

<b>DOCUMENT # P03000009253</b>					
1. Entity Name MARCO 4, INC.					
Principal Place of Business 1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145			Mailing Address 1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1951305	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREUSEL, JAMIE B		NAME		
STREET ADDRESS	1104 N. COLLIER BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	DR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONE, JUSTIN H		NAME		
STREET ADDRESS	16 WOOD GLEN WAY		STREET ADDRESS		
CITY-ST-ZIP	BOONTON, NJ 07005		CITY-ST-ZIP		
TITLE	MR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBLATT, STEVEN B		NAME		
STREET ADDRESS	12 WARWICK ROAD		STREET ADDRESS		
CITY-ST-ZIP	SUMMIT, NJ 07901		CITY-ST-ZIP		
TITLE	MR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEINER, PAUL		NAME		
STREET ADDRESS	17 COURTER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MAPLEWOOD, NJ 07040		CITY-ST-ZIP		
TITLE	MR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONE, DOUGLAS B		NAME		
STREET ADDRESS	870 PIERMONT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PIERMONT, NY 10968		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Justin H. Stone</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date		
			Daytime Phone #		

40081841



02112008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-1951305

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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10. OFFICERS AND DIRECTORS

TITLE

D

☐ Delete

NAME

GREUSEL, JAMIE B

STREET ADDRESS

1104 N. COLLIER BOULEVARD

CITY-ST-ZIP

MARCO ISLAND, FL 34145

TITLE

DR.

☐ Delete

NAME

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STREET ADDRESS

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CITY-ST-ZIP

BOONTON, NJ 07005

TITLE

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☐ Delete

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☐ Change

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Justin H. Stone* JUSTIN H. STONE 4/8/08 973-541-0650