

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009253

FILED
Mar 30, 2009
Secretary of State

Entity Name: MARCO 4, INC.

Current Principal Place of Business:

1104 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

New Principal Place of Business:

890 S. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

Current Mailing Address:

1104 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

New Mailing Address:

16 WOOD GLEN WAY
BOONTON, NJ 07005 97

FEI Number: 59-1951305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STONE, JUSTIN H
890 S. COLLIER BLVD
604
MARCO ISLAND, FL 34145 US

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: JUSTIN STONE

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREUSEL, JAMIE B
Address: 1104 N. COLLIER BOULEVARD
City-St-Zip: MARCO ISLAND, FL 34145

Title: DR. () Delete
Name: STONE, JUSTIN H
Address: 16 WOOD GLEN WAY
City-St-Zip: BOONTON, NJ 07005

Title: MR. () Delete
Name: GREENBLATT, STEVEN B
Address: 12 WARWICK ROAD
City-St-Zip: SUMMIT, NJ 07901

Title: MR. () Delete
Name: STEINER, PAUL
Address: 17 COURTER AVENUE
City-St-Zip: MAPLEWOOD, NJ 07040

Title: MR. () Delete
Name: STONE, DOUGLAS B
Address: 870 PIERMONT AVENUE
City-St-Zip: PIERMONT, NY 10968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: STONE, JUSTIN H
Address: 16 WOOD GLEN WAY
City-St-Zip: BOONTON, NJ 07005-973

Title: DR. (X) Change () Addition
Name: STONE, JOY L
Address: 16 WOOD GLEN WAY
City-St-Zip: BOONTON, NJ 07005

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JUSTIN STONE

DR

03/30/2009

Electronic Signature of Signing Officer or Director

Date