


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90009 031 \*\*\*150.00

<b>DOCUMENT # P03000034357</b>			
1. Entity Name <b>T.C. MARVULLI, INC.</b>			
Principal Place of Business <b>5373 RED LEAF COURT OVIEDO FL 32765</b>		Mailing Address <b>5373 RED LEAF COURT OVIEDO FL 32765</b>	
2. Principal Place of Business - No P.O. Box # <b>1102 Michigan Ct.</b>		3. Mailing Address <b>1102 Michigan Ct.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Winter Springs, FL</b>		City & State <b>Winter Springs, FL</b>	
Zip <b>32708</b>		Zip <b>32708</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>57-1158348</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARVULLI, THOMAS C 5373 RED LEAF COURT OVIEDO FL 32765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Thomas C. Marvulli</u> <u>Thomas C. Marvulli</u> <u>4-17-08</u> <small>Signature, typed or printed name of registered agent (and title, if applicable). (NOTE: Registered Agent signature required when resigning). DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARVULLI, THOMAS C 5373 RED LEAF COURT OVIEDO FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Thomas C. Marvulli Thomas C. Marvulli 4-17-08 407-415-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation