

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041929

Entity Name: MARCO ISLAND SERVICES, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

1199 9TH AVENUE N.
NAPLES, FL 34102

New Principal Place of Business:

1199 9TH AVENUE N.
NAPLES, FL 34102 US

Current Mailing Address:

1199 9TH AVENUE N.
NAPLES, FL 34102

New Mailing Address:

1199 9TH AVENUE N
NAPLES, FL 34102 US

FEI Number: 16-1659942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDEN, GREGORY P PRES.
1199 9TH AVENUE N.
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

PEDEN, GREGORY P PRES.
1199 9TH AVENUE NORTH
NAPLES, FL 34102 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: GREGORY P PEDEN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: PEDEN, GREGORY P PRES.
Address: 1199 9TH AVENUE N.
City-St-Zip: NAPLES, FL 34102

Title: S/T () Delete
Name: PEDEN, SHIRLEEN SEC/TRE
Address: 1199 9TH AVENUE N.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: PEDEN, GREGORY P PRES.
Address: 1199 9TH AVENUE N.
City-St-Zip: NAPLES, FL 34102 US

Title: S/T (X) Change () Addition
Name: PEDEN, SHIRLEEN SEC/TRE
Address: 1199 9TH AVENUE N.
City-St-Zip: NAPLES, FL 34102 US

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: SHIRLEEN PEDEN

S/T

04/21/2009

Electronic Signature of Signing Officer or Director

Date