


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90211 015 ***158.75

DOCUMENT # P03000051743 1. Entity Name MARBON PRODUCTS, INC.					
Principal Place of Business 2260 OLD LAKE MARY ROAD SANFORD, FL 32771 US			Mailing Address PO BOX 10295 WEST PALM BEACH, FL 33419 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2260 Old Lake Mary Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Sanford, FL		4. FEI Number 56-2357764	
Zip		Zip 32771		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03302007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BONIESKI, EDWARD 2260 OLD LAKE MARY ROAD SANFORD, FL 32771			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP BONIESKI, EDWARD 2260 OLD LAKE MARY ROAD SANFORD, FL 32771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASSALOTTI, PAUL 800 23RD ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VASSALOTTI, PAUL 800 23RD ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			4-23-07 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					