

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000056269**

1. Entity Name  
**MARABELLA INVESTMENT GROUP, INC.**



Principal Place of Business  
**2208 SE 24TH TERRACE  
OCALA, FL 34471**

Mailing Address  
**2208 SE 24TH TERRACE  
OCALA, FL 34471**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**81-0616156**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BURNETT, ANN  
2208 SE 24TH TERRACE  
OCALA, FL 34471**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000392421  
01/24/06-80081-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BURNETT, ANN
STREET ADDRESS	3240 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VD
NAME	BOVELL, DON
STREET ADDRESS	3240 SW 34TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	SAMUEL, JOHN
STREET ADDRESS	7 SEABREEZE SQUARE
CITY-ST-ZIP	FREEHOLD, NJ 07728
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7 06 352 873 8585**