

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

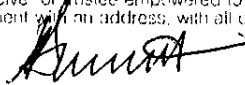
6. Name and Address of Current Registered Agent BURNETT, ANN 2208 SE 24TH TERRACE OCALA FL 34471	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement 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.	4. FEI Number 81-0616156	Applied For ☐ Not Applicable
SIGNATURE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME BURNETT, ANN	TITLE	NAME
STREET ADDRESS 3240 SW 34TH STREET	CITY-ST-ZIP OCALA FL 34474	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME BOVELL, DON	TITLE	NAME
STREET ADDRESS 3240 SW 34TH STREET	CITY-ST-ZIP OCALA FL 34474	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME SAMUEL, JOHN	TITLE	NAME
STREET ADDRESS 50 CHELSEA	CITY-ST-ZIP JACKSON NJ 08527	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  **Ann BURNETT** **2/13/08** **352-873-8585**