2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

DOCUMENT # P030 1. Entity Name DON MARDEN, INC.							
Principal Place of Business	Mailing Address						
6150 E. CO. HWY 20 FREEPORT, FL 32439	PO BOX 1127 FREEPORT, FL 32439						

DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

4.	FEI Number
	52-2416866

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

DO

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

MARDEN, DONALD I 6150 E. CO. HWY 20 FREEPORT, FL 32439

SIGNATURE:

DO NOT WRITE IN THIS SPACE

9 mar oc

850)259-3428

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	office or n	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and little if	applicable. (NOTE: Registered Ag	ent signature	required when (dinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	g []	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDEN, DONALD I 6150 E. CO. HWY 20 FREEPORT, FL 32439				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					มกบดิตยิ4646ชน หลั <i>ง</i> 225 ยัง ยิงเย่น2-ยิง ชิ 150.00
TITLE NAME STREET ADONESS CXTY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET AGORESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corphanged,	certify that the information supplied with this fill on this report or supplemental report is true as poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exemp no accurate and that my signature to execute this report as required other like empowered.	tions con shall hav by Chapt	itained in Chapter 11 e the same legal effe er 607, Florida Statut	 Florida Statutes. I further certify that the information of as if made under cath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if