2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000152297

1. Entity Name

DONNIE ALFRED MARSHALL REMODELING. INC.



Principal Place of Business

7630 JARVIS COURT ORLANDO, FL 32818 Mailing Address

7630 JARVIS COURT ORLANDO, FL 32818

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90137 002 ***150.00



03212008

No Chg-P

CR2E034 (11/05)

4.	FEI Number 20-0487846	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and	Address	of Current	Registered	Agent	

MARSHALL, DONNIE A 7630 JARVIS COURT ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE

				114	THIO SPACE			
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								
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHALL, DONNIE A 7630 JARVIS COURT ORLANDO, FL 32818	1,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,							
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

407 376 4921