


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000155491
 1. Entity Name
 MARPLOT, INC.



Principal Place of Business
 445 EAST GOVERNMENT STREET
 PENSACOLA, FL 32502

Mailing Address
 445 EAST GOVERNMENT STREET
 PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
 47-0935757

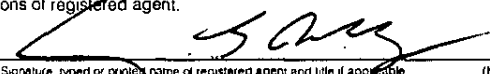
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RABBY, CHRISTOPHER L
 445 EAST GOVERNMENT STREET
 PENSACOLA, FL 32502

DO NOT WRITE IN THIS 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  DATE 1/11/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


000000782475
 01/15/08-80077-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RABBY, CHRISTOPHER L
STREET ADDRESS	445 EAST GOVERNMENT STREET
CITY - ST - ZIP	PENSACOLA, FL 32502
TITLE	VP
NAME	MARKS, ANDREW
STREET ADDRESS	445 EAST GOVERNMENT STREET
CITY - ST - ZIP	PENSACOLA, FL 32502
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  DATE 1/11/08 DAYTIME PHONE # 850-437-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR