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Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90094 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050877

1. Entity Name
MARDEN MARTELL CLEANING INC.

40002972

Principal Place of Business	Mailing Address
409 1ST AVE. NE LARGO, FL 33770	409 1ST AVE. NE LARGO, FL 33770

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2271 PALM AVE.	2271 PALM AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: LARGO FL	City & State: LARGO FL
Zip: 33778 Country:	Zip: 33778 Country:

01072008 Chg-P CR2E034 (12/06)

4. FEI Number: 03-0540826 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARDEN, MALISSA A
225 17TH AVE NE SUITE 9
ST PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name: MARDEN, MALISSA A.
Street Address (P.O. Box Number is Not Acceptable): 2271 PALM AVE.
City: LARGO FL Zip Code: 33778

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] MALISSA A. MARDEN PRES 1/10/2008
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARDEN, MALLISSA 405 1 FIRST AVENUE NE LARGO, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T MARDEN, MALISSA A. 2271 PALM AVE LARGO, FL 33778	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] PRES. MALISSA A. MARDEN 1/10/2008 813 447-4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #