


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90021 012 \*\*\*150.00

**DOCUMENT # P04000067237**

1. Entity Name  
**MARLYN HOME MAINTENANCE, INC.**



Principal Place of Business <b>730 ALLISON AVENUE</b> <b>CLERMONT, FL 34714 US</b> <b>4731 CAPE HATTERAS DR,</b> <b>CLERMONT, FLORIDA 34714</b>	Mailing Address <b>730 ALLISON AVENUE</b> <b>CLERMONT, FL 34714 US</b> <b>4731 CAPE HATTERAS DR,</b> <b>CLERMONT, FLORIDA, 34714</b>
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04102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1041225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MARTIN J  
 4731 CAPE HATTERAS DRIVE  
 CLERMONT, FL 34714

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, MARTIN J 730 ALLISON AVENUE DAVENPORT, FL 33897	MJW 4731 CAPE HATTERAS DR CLERMONT FLORIDA 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRICE, LYNSIE J 730 ALLISON AVENUE DAVENPORT, FL 33897	LJP 4731 CAPE HATTERAS DR, CLERMONT, FLORIDA 34714
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**DO NOT WRITE IN THIS SPACE**

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: M Walker 4/20/07 407-738-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #