

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90013 006 \*\*\*158.75

**DOCUMENT # P04000073122**

1. Entity Name  
**MARA BUILDERS, INC**



Principal Place of Business  
**PO BOX 3165  
RIVERVIEW, FL 33568 US**

Mailing Address  
**PO BOX 3165  
RIVERVIEW, FL 33568 US**

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1100747**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MELNICK, JOSEPH S  
407 8TH STREET SOUTHWEST  
RUSKIN, FL 33570**

**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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	GAZZO, JONATHON H
STREET ADDRESS	2913 HILLSIDE DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VT
NAME	GAZZO, JONATHON H
STREET ADDRESS	2913 HILLSIDE DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VS
NAME	GAZZO, JOE
STREET ADDRESS	2807 OLD BAYSHORE WAY
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VP
NAME	SLATTON, JAMES W
STREET ADDRESS	164 HONEYSUCKLE LANE
CITY-ST-ZIP	TIFTON, GA 31794
TITLE	PS
NAME	MELNICK, JOSEPH S.
STREET ADDRESS	497 8TH STREET SW
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jonathan H. Gazzo* **Jonathan H. Gazzo** 1-24-2006 813-781-2272