

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90006 037 ***150.00

DOCUMENT # P04000107737	
1. Entity Name MARRIOTT CONTRACTING SERVICES, INC.	

Principal Place of Business 1123 NW 192ND AVENUE GAINESVILLE, FL 32609-6208	Mailing Address 1123 NW 192ND AVENUE GAINESVILLE, FL 32609-6208
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40011900

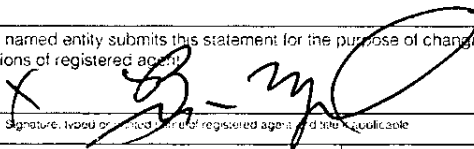
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MARRIOTT, BRYAN 1123 NW 192ND AVENUE GAINESVILLE, FL 32609-6208	
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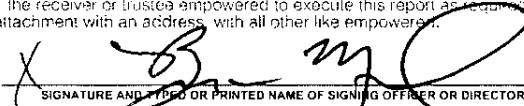
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 1/14/08

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINNER, PHILIP D 116 SE US HIGHWAY 301 HAWTHORNE, FL 32640 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARRIOTT, BRYAN G 1123 N.W. 192ND AVENUE GAINESVILLE, FL 32609 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, MARC 17701 APRIL BLVD, LOT 131 ALACHUA, FL 32615 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEARING, JARED 9313 S.W. 21ST AVENUE GAINESVILLE, FL 32607 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 	DATE 1/14/08 DAYTIME PHONE # 352-359-3501