


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000006726	
1. Entity Name MARATHON MOWING COMPANY	

Principal Place of Business 4254 MEETING PLACE SANFORD, FL 32773	Mailing Address 4254 MEETING PLACE SANFORD, FL 32773
--	--

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1657277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, LEE R
4254 MEETING PLACE
SANFORD, FL 32773**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000022294 02/19/08-80062-012 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE PST	NAME DRAKE, LEE R
STREET ADDRESS 4254 MEETING PLACE	CITY- ST- ZIP SANFORD, FL 32773
TITLE VP	NAME DRAKE, TYLER G
STREET ADDRESS 4254 MEETING PLACE	CITY- ST- ZIP SANFORD, FL 32773
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
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: Lee R. Drake **2-8-08** **407 321 7162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #