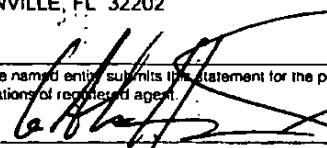
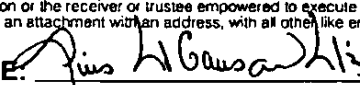


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 22, 2006 8:00 am
Secretary of State

04-05-2006 90131 030 ***150.00

DOCUMENT # P05000013638			
1. Entity Name MARGO STATE LINE, INC.			
Principal Place of Business 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202		Mailing Address 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202	
2. Principal Place of Business 208 N. Laura St. Suite, Apt. #, etc. #800		3. Mailing Address 208 N. Laura St. Suite, Apt. #, etc. #800	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32202		Zip 32202	
Country USA		Country USA	
4. FEI Number 202 23 9817		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLIAM, P.A. 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St. #800 City Jacksonville FL Zip Code 32202	
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 		G. Alan Howard, President 1-31-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when renewing)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPECTOR, MICHAEL J 50 NORTH LAURA STREET #2900 JACKSONVILLE, FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUAN B. MEDINA ARROYO 50 NORTH LAURA STREET #2900 JACKSONVILLE, FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		Luis R. Carrasquillo CFO 5/22/06 (781) 883-2570	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	