

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 16, 2006 8:00 am
Secretary of State

05-08-2006 90295 026 ***150.00

DOCUMENT # P05000025703					
1. Entity Name MARCO PRINTING, INC.					
Principal Place of Business 571 BALD EAGLE DRIVE MARCO ISLAND, FL 34145			Mailing Address 571 BALD EAGLE DRIVE MARCO ISLAND, FL 34145		
2. Principal Place of Business		3. Mailing Address 11 Front Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MARCO ISLAND FL		4. FEI Number 20-2353346	
Zip		Country 34145 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENZO, EDGAR 571 BALD EAGLE DRIVE MARCO ISLAND, FL 34145			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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT	NAME EDGAR PENZO		TITLE	NAME	
STREET ADDRESS 11 Front Street	CITY-ST-ZIP MARCO ISLAND FL 34145		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty row for Officer/Director)			(Empty row for Addition/Change)		
(Empty row for Officer/Director)			(Empty row for Addition/Change)		
(Empty row for Officer/Director)			(Empty row for Addition/Change)		
(Empty row for Officer/Director)			(Empty row for Addition/Change)		
(Empty row for Officer/Director)			(Empty row for Addition/Change)		
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 info empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

66019196



04252006 Chg-P CR2E034 (11/05)