


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 013 ***150.00

DOCUMENT # P05000028630 1. Entity Name MARESTA, INC.					
Principal Place of Business 10990 COUNTY ROAD 833 CLEWISTON, FL 33440			Mailing Address P.O. BOX 127 CLEWISTON, FL 33440		
2. Principal Place of Business 619 ORANGE RD.		3. Mailing Address P.O. Box 127			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLEWISTON, FL.		City & State CLEWISTON, FL.		4. FEI Number 86-1130604	
Zip 33440		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, GARY L 10990 COUNTY ROAD 833 CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name GARY L. SAPP Street Address (P.O. Box Number is Not Acceptable) 619 ORANGE RD. City CLEWISTON FL Zip Code 33440		
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 <u><i>Gary L. Sapp</i></u> D <u><i>GARY L. SAPP</i></u> D <u><i>3 APR 06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SAPP, GARY L STREET ADDRESS 10990 COUNTY ROAD 833 CITY-ST-ZIP CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE D NAME GARY L. SAPP STREET ADDRESS 619 ORANGE RD. CITY-ST-ZIP CLEWISTON, FL. 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Gary L. Sapp</i></u> D <u><i>GARY L. SAPP</i></u> D <u><i>3 APR 06</i></u> <u><i>863-228-0714</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					