2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P05000058909** 04-21-2006 90111 023 ***158.75 1. Entity Name MARCO MULCH, INC. Principal Place of Business Mailing Address 400~~ **441 HARTLEY STREET 441 HARTLEY STREET** MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3634353 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUSLER, GARY J Street Address (P.O. Box Number is Not Acceptable) 950 N COLLIER BLVD **SUITE 301** MARCO ISLAND, FL 34145 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHATTUCK, KEVIN NAME SHATTUCK KENIN NAME STREET ADDRESS **441 HARTLEY STREET** STREET ADDRESS f41 HARTLEY ST. CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP narco ascand TITLE ☐ Change Delete TITLE Addition S/T SHAMUCK, CERTRUDE NAME NAME 441 HARTLEY ST. MARCO ISLAND, FL 34145 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change -Addition SHATTUCK, WAYNE H. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ITLAND FL 34145 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C(TY-5T-7IP CITY-ST-ZIP 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. D. SHATTUCK 64/18/06

FILED