## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P05000058909 04-23-2007 90134 001 \*\*\*317.50 MARCO MULCH, INC. Principal Place of Business Mailing Address **441 HARTLEY STREET** 441 HARTLEY STREET MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3634353 Not Applicable Zip 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 ENN I VCKER HAUSLER, GARY J Street Address (P.O. Box Number is Not Acceptable) 950 N COLLIER BLVD **SUITE 301** MARCO ISLAND, FL 34145 MARCO ISLAND 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 agei ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TELF ☐ Delete TITLE Change ☐ Addition NAME SHATTUCK, KEVIN NAME STREET ADDRESS **441 HARTLEY STREET** STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-719 TITLE ☐ Delete TITLE Change ☐ Addition SHATTUCK, CERTRUDE GERTRUDE SHATTUCK 441 HARTLEY ST. NAME NAME STREET ADDRESS 441 HARTLEY STREET STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-7IP MARCA ISLAND, FL TITLE ☐ Delete TITLE ☐ Addition SHATTUCK, WAYNE H NAME NAME STREET ADDRESS 441 HARTLEY STREET STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 City-St-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

**FILED**