2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000059946

1. Entity Name

MARLOW YACHTS LIMITED, INC.



FILED
Jan 30, 2008 08:00 AM
Secretary of State

Principal Place of Business

ncipal Place of Business

4204 13TH STREET COURT WEST SNEAD ISLAND, FL 34221

Mailing Address

4204 13TH STREET COURT WEST SNEAD ISLAND, FL 34221



01212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2727701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICUS, AUBREY O JR. 980 TYRONE BLVD. ST. PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

ST. PETER	RSBURG, FL 33710			THIS SPACE
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, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing \$5.00 May Be	
10.	OFFICERS AND DIREC	CTORS	ALEBOTA MILLERA	ers in the self-attended in the highest the self-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNOVA, MICHAEL F 4204 13TH STREET COURT WEST SNEAD ISLAND, FL 34221			U00000805082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLOW, DAVID 4204 13TH STREET COURT WEST SNEAD ISLAND, FL 34221			02/05/08-80094-023 150.00
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TITLE NAME				en reservation de la company de la compa

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

941-729-3370

aylime Phone #