

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102804

Entity Name: MARLENE MILLEMACI, P.A.

FILED  
Apr 30, 2010  
Secretary of State

**Current Principal Place of Business:**

8621 GOODBYS TRACE DR  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8621 GOODBYS TRACE DR  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 20-3221823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLEMACI, MARLENE  
8621 GOODBYS TRACE DR  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MILLEMACI, MARLENE  
Address: 8621 GOODBYS TRACE DR  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD  
Name: MILLEMACI, JOHN  
Address: 8621 GOODBYS TRACE DR  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARLENE MILLEMACI

PSTD

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date