


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 037 ***150.00

DOCUMENT # P05000119682		
1. Entity Name MARSHALL HOME IMPROVEMENTS, INC.		

Principal Place of Business 8319 JANA JR ODESSA, FL 33556	Mailing Address 8319 JANA JR ODESSA, FL 33556
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2. Principal Place of Business 1202 E. Boyer St. Suite, Apt. #, etc.	3. Mailing Address 1202 E. Boyer St. Suite, Apt. #, etc.
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City & State Tarpon Springs, FL	City & State Tarpon Springs, FL
Zip 34689	Country Pinellas

03222006 Chg-P CR2E034 (11/05)

4. FEI Number
56-2546682

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAW, SHELLY 1202 E BOYER ST TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Shelly Law (NOTE: Registered Agent signature required when reinstating) DATE: 3/23/06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, SHELLY 1202 E BOYER ST TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Law, Shelly 1202 E. Boyer St Tarpon Springs, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, JARROD 8317 JANA DR ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Law, Jay 1202 E. Boyer St Tarpon Springs, FL 34689 <input type="checkbox"/> Change <input checked="" 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 empowerers.

SIGNATURE: Shelly Law DATE: 3/23/06 DAYTIME PHONE #: 727-505-3391

ATTACHMENT

40039188

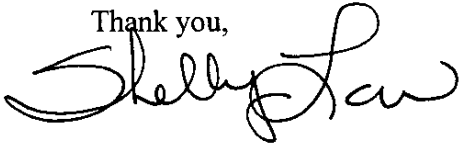
#P85000119682

Division of Corporations
Department of State
Tallahassee, Fl. 32302

Dear Division of Corporations:

Enclosed please find the annual report for Marshall Home Improvements along with a check in the amount of \$150.00 for filing fee and change of directors. Also, enclosed is a photocopy of the annual report. Please return this to me with the filing date stamped on it.

Thank you,

A handwritten signature in cursive script that reads "Shelly Law". The signature is fluid and stylized, with the first name "Shelly" and the last name "Law" clearly distinguishable.

Shelly Law
President