2006 FOR PROFIT CERPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P05000130405 1. Entity Name 03-21-2006 90046 015 \*\*\*150.00 MARCRO ENTERPRISES, INC. Principal Place of Business Mailing Address 5208 SADDLEBROOK WAY ESSO CADDLEBBOOK WAY WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 3. Mailing Address 29319 WNIPPORWILL (ANC Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 51-0555577 Not Applicable 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 MARSH, JOHN Street Address (P.O. Box Number is Not Acceptable) 5208 SADDLEBROOK WAY WESLEY CHAPEL FL 33543 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 .... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE NAME MARSH, JOHN NAME 29318 WNIPPOORDICL LANG STREET ADDRESS 5208 CADDLEBROOK WAY-STREET ADDRESS WESLEY CHAPEL, FUN 33543 CITY-ST-ZIP WESLEY CHAPEL FL 33543 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ■ 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 Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNING OFFICER OR DIRECTOR

**FILED**