

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 10, 2009  
Secretary of State**

DOCUMENT# P05000144837

Entity Name: MARION COUNTY REALTY, INC.

**Current Principal Place of Business:**

7740 S US HWY 41  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

22210 SW NEPTUNE BLVD  
DUNNELLON, FL 34431

**New Mailing Address:**

FEI Number: 16-1777365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRAZEE, LAURA L  
22210 SW NEPTUNE BLVD.  
DUNNELLON, FL 34431      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FRAZEE, LAURA L  
Address: 22210 SW NEPTUNE BLVD.  
City-St-Zip: DUNNELLON, FL 34431

Title: STD      ( ) Delete  
Name: FRAZEE, LAURA L  
Address: 22210 SW NEPTUNE BLVD.  
City-St-Zip: DUNNELLON, FL 34431

Title: D      ( ) Delete  
Name: WIERZBINSKI, LEON  
Address: 22210 SW NEPTUNE BLVD  
City-St-Zip: DUNNELLON, FL 34431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: MALCOLM, FRAZEE F  
Address: 19900 SW 54TH ST  
City-St-Zip: DUNNELLON, FL 34431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA L FRAZEE

PD

05/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date