## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000025522

Entity Name: MARBLEHEAD SERVICES, INC.

LAWRENCE, WALTER

11748 NW 28 COURT

CORAL SPRINGS, FL 33065

Name:

Address:

City-St-Zip:

FILED Feb 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11748 NW 28 COURT CORAL SPRINGS,, FL 33065 **Current Mailing Address: New Mailing Address:** 11748 NW 28 COURT CORAL SPRINGS,, FL 33065 FEI Number: 20-4342397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWRENCE, NANCY 11748 NW 28 COURT CORAL SPRINGS, FL 33065 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LAWRENCE, NANCY Name: Name: 11748 NW 28 COURT Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: VΡ Title: ( ) Delete (X) Change ( ) Addition LAWRENCE, WALTER Name: CONROY, DIANE Name: 2727 NW 98 WAY 11748 NW 28TH COURT Address: Address: CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip: Title: SEC (X) Delete Title: () Change () Addition CONROY, PAT Name: Name: 2727 NW 98 WAY Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: TREA (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY LAWRENCE P 02/14/2008