

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90054 028 \*\*\*150.00

<b>DOCUMENT # P06000067134</b> 1. Entity Name <b>MARIGOLD REAL ESTATE, INC.</b>					
Principal Place of Business 1150 LEE BLVD. SUITE 1B LEHIGH ACRES, FL 33936			Mailing Address 1150 LEE BLVD. SUITE 1B LEHIGH ACRES, FL 33936		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1782374</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DINGER, PAUL F</b> <b>1150 LEE BLVD.</b> <b>SUITE 1B</b> <b>LEHIGH ACRES, FL 33936</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>DINGER, PAUL F</b> <b>3423 STABILE ROAD</b> <b>SAINT JAMES CITY, FL 33956</b>		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	
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 empowered.					
<b>SIGNATURE:</b> <b>PAUL DINGER PRES.</b>			Date: <b>1/16/2007</b> (239) Daytime Phone #: <b>368-3200</b>		



**ATTACHMENT** 66003867  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

P06000067134

Business Entity Name

**MARIGOLD REAL ESTATE, INC.**

FEI Number

06-1782374

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address 1150 LEE BLVD.  
Suite, Apt. #, etc. SUITE 1B  
City, State LEHIGH ACRES FL  
Zip Code & Country 33936

**Mailing Address**

Address 1150 LEE BLVD.  
Suite, Apt. #, etc. SUITE 1B  
City, State LEHIGH ACRES FL  
Zip Code & Country 33936

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) DINGER PAUL F

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1150 LEE BLVD.  
Suite, Apt. #, etc. SUITE 1B  
City, State LEHIGH ACRES FL  
Zip Code & Country 33936 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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# P06000067134

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

DINGER

PAUL

F

- OR -

Entity Name to serve as  
Officer/Director

Street Address

3423 STABLE ROAD

City, State

SAINT JAMES CITY

FL

Zip Code &amp; Country

33956

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title