


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90034 017 ***150.00

DOCUMENT # P06000083021	
1. Entity Name MARING ENTERPRISES, INC.	

Principal Place of Business 610 NE 1ST AVENUE APT. #11 FORT LAUDERDALE FL 33304	Mailing Address 610 NE 1ST AVENUE APT. #11 FORT LAUDERDALE FL 33304
--	--



2. Principal Place of Business - No P.O. Box # 5238-3 Cedarbend Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 61650 Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/06)

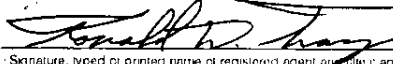
City & State Fort Myers, FL.	City & State Fort Myers, FL.
Zip 33919	Zip 33906
Country Lee	Country Lee

4. FEI Number 20-5069549	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MARIN, JORGE L 610 NE 1ST AVENUE APT #11 FORT LAUDERDALE FL 33304	7. Name and Address of New Registered Agent Name Ronald D. Tracy Street Address (P.O. Box Number is Not Acceptable) 5238-3 Cedarbend Dr. City Fort Myers FL Zip Code 33919
---	---

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  Ronald D. Tracy Sec/Trea. 4/30/07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARIN, JORGE L 610 NE 1ST AVENUE APT #11 FORT LAUDERDALE FL 33304 <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	VP TRACY, RONALD D 1308 VANDAL CT. MOSES LAKE WA 98837 <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	S/T TRACY, RONALD D 1308 VANDAL CT. MOSES LAKE WA 98837 <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 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.

SIGNATURE:  Ronald D. Tracy 4/30/07 509-750-6584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #