## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090080

**Entity Name: MARSALVOR CORPORATION** 

FILED Jan 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 15411 2644 STATE CORRECTIONAL RD. TALLAHASSEE, FL 32317

MARIANNA, FL 32448

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 15411 TALLAHASSEE, FL 32317

FEI Number: 87-0792127 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:

CIMMINO, TODD R. CIMMINO, STEPHANIE N 4428 WIDGEON WAY 2644 STATE CORRECTION RD. MARIANNA, FL 32428 TALLAHASSEE, FL 32303 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: STEPHANIE N. CIMMINO 01/18/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete (X) Change ( ) Addition Title:

CIMMINO, TODD R. CIMMINO, STEPHANIE N Name: Name: P.O. BOX 15411 Address: P.O. BOX 15411 Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: STEPHANIE N. CIMMINO 01/18/2007