2007 FOR PROFIT CORPORATION

Feb 09, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000120307 02-09-2007 90021 005 ***150 00 DE MARCO ENTERPRISES, INC. Principal Place of Business Mailing Address 10911 SETARIA COURT 10911 SETARIA COURT **NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE MARCO, DAVID P 10911 SETARIA COURT. Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY, FL 34655 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITN F Change . Addition DEMARCO, DAVID P DE MARCO, DAVID P NAME NAME 10911 SETÁRIA COURT STREET ADDRESS 10911 SETARIA COURT STREET ADORESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE DEMARCO, NATALIÉ C. NAME NAME 10911 SETARIA COURT STREET ADDRESS STREET ADDRESS NEW HORT RICHEY, FC-34655 CITY-ST-7/P CITY-ST-ZIP ☐ Change TILE TITLE ☐ Delete ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TIBE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 807, 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.

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