

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90016 003 \*\*\*150.00

<b>DOCUMENT # P07000001255</b>					
<b>1. Entity Name</b> NANCY L MARSHALL, CPA, P.A.					
<b>Principal Place of Business</b> 5145 BARRINEAU PARK SCHOOL RD MOLINO, FL 32577-9449 US			<b>Mailing Address</b> 5145 BARRINEAU PARK SCHOOL RD MOLINO, FL 32577-9449 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 4401 Dream Acres Rd		<b>3. Mailing Address</b> 4401 Dream Acres Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Molino FL		<b>City &amp; State</b> Molino FL		<b>4. FEI Number</b> 20-8156423	
<b>Zip</b> 32577		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARSHALL, NANCY L 5145 BARRINEAU PARK SCHOOL RD MOLINO, FL 32577-9449			<b>7. Name and Address of New Registered Agent</b> Name: Nancy L Marshall Street Address (P.O. Box Number is Not Acceptable): 4401 Dream Acres Rd City: Molino FL Zip Code: 32577		
<b>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.</b> SIGNATURE: <i>Nancy L Marshall</i> DATE: 2-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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>		
<b>TITLE</b> P <b>NAME</b> MARSHALL, NANCY L CPA <b>STREET ADDRESS</b> 5145 BARRINEAU PARK SCHOOL RD <b>CITY-ST-ZIP</b> MOLINO, FL 325779449	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Nancy L. Marshall, CPA <b>STREET ADDRESS</b> 4401 Dream Acres Rd <b>CITY-ST-ZIP</b> Molino FL 32577	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <i>Nancy L Marshall CPA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-1-08		Daytime Phone #: 850-587-3853