

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90021 006 ***150.00

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|---|--|---------------------------|--|---|--|
| DOCUMENT # P07000007529 | | | | | |
| 1. Entity Name MARCENT SANDSPUR INVESTMENTS, INC. | | | | | |
| Principal Place of Business 5401 S KIRKMAN RD STE 650 ORLANDO, FL 32819 | | | Mailing Address 5401 S KIRKMAN RD STE 650 ORLANDO, FL 32819 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">14-1989222</div> | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Country | | 6. Name and Address of Current Registered Agent KELLER, KATHLEEN 5401 S KIRKMAN RD STE 650 ORLANDO, FL 32819 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MAYER, RINA 21 RUE DU MONT BLANC GENEVA, SW, | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LEITERSDORF, JONATHAN 21 RUE DU MONT BLANC GENEVA, SW, | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BOURGER, DOMINQUE 21 RUE DU MONT BLANC GENEVA, SW, | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete AVNAT, JOSEPH 21 RUE DU MONT BLANC GENEVA, SW, | | 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 | Director - Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kurz, Pierre 21 Rue Du Mont Blanc GENEVA, SW | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sec/Treas Keller, KATHLEEN 5401 S. KIRKMAN ROAD, Suite 650 ORLANDO, FL 32819 | |
| 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. | | | | | |
| SIGNATURE: <i>Kathleen Keller</i> Kathleen Keller | | | 3/10/08 407-351-6006 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

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