

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075935

FILED
Mar 11, 2009
Secretary of State

Entity Name: M.A.R.S. ENTERPRISES OF C. F. INC.

Current Principal Place of Business:

715 E LIME STREET #310
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2014
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 91-1693258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, NORA
715 E LIME STREET #310
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANK, WILSON
Address: 11721 US HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: SCHMIDT, NORA
Address: 715 E LIME STREET #310
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/P (X) Change () Addition
Name: SCHMIDT, NORA
Address: 715 E LIME STREET #310
City-St-Zip: TARPON SPRINGS, FL 34689

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

SIGNATURE: NORA SCHMIDT

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date