

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 17, 2008 8:00 am
Secretary of State

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01112008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000097500 1. Entity Name MARRISON SPECIALTY CONSTRUCTION, INC					
Principal Place of Business 402 N BOSTON AVE DELAND, FL 32724 US			Mailing Address 402 N BOSTON AVE DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box # _____		3. Mailing Address _____			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State _____		City & State _____			
Zip _____	Country _____	Zip _____	Country _____	4. FEI Number 26-0825065	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARRISON, DONALD A JR 402 N BOSTON AVE DELAND, FL 32724			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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRISON, DONALD A JR 402 N BOSTON AVE DELAND, FL 32724	<input type="checkbox"/> Delete			
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"/> Change <input type="checkbox"/> Addition			
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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"/> Change <input type="checkbox"/> Addition			
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: <u><i>Donald Marison Jr</i></u>			Date: <u>1-11-08</u>		