2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000050432

1. Entity Name
GARY MARZO, INC.

Principal Place of Business	Mailing Address
861 A SW LAKEHURST DR SUITE A PORT SAINT LUCIE, FL 34983	861 SW LAKEHURST DR. SUITE A PORT ST. LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE

03312008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0434155
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARZO, GARY
861 SW LAKEHURST DR
SUITE A
PORT ST. LUCIE, FL 34983

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000877583
04/14/08-80020-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARZO, GARY
STREET ADDRESS	861-A SW LAKEHURST DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	V
NAME	HEATH, WILLIAM
STREET ADDRESS	861-A SW LAKEHURST DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	T
NAME	MARZO, LYNN
STREET ADDRESS	861 A SW LAKEHURST DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lynn Marzo / Treasurer 3/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772-871-2489