

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000056916

Entity Name: MARGIL FLORIDA, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4764 OBERON CT  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

4764 OBERON CT  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 65-0428577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUST, GILBERT H JR  
4764 OBERON CT  
NAPLES, FL 34105 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GUST, GILBERT H JR  
Address: 4764 OBERON CT  
City-St-Zip: NAPLES, FL 34105

Title: STD  
Name: GUST, MARY S  
Address: 4764 OBERON CT  
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: GILBERT H. GUST, JR.

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04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date