


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 038 ***150.00

DOCUMENT # P94000004786	
1. Entity Name JOHN A MARSHALL, CPA, P.A.	

Principal Place of Business 10801 STARKEY RD # 104-46 LARGO FL 33777	Mailing Address 10801 STARKEY RD # 104-46 LARGO FL 33777
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2. Principal Place of Business - No P.O. Box # 10626 LONGWOOD DRIVE #A102	3. Mailing Address John Marshall, CPA P.O. Box 10125 Largo, FL 33773
City & State LARGO, FL	City LARGO
Zip 33777	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3217256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARSHALL, JOHN A 2420-1ST AVE NORTH SAINT PETERSBURG FL 33713	
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7. Name and Address of New Registered Agent	
Name	#A102
Street Address (P.O. Box Number is Not Acceptable)	10626 LONGWOOD DRIVE
City	LARGO
State	FL
Zip Code	33777

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE John Marshall, CPA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, JOHN A CPA		NAME P.O. Box 10125	
STREET ADDRESS 2420-1ST AVE NORTH		STREET ADDRESS Largo, FL 33773	
CITY-ST-ZIP SAINT PETERSBURG FL 33713		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John A Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR