

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000012331

1. Entity Name
MARION HOUSE OPERATING CO., INC.



Principal Place of Business
**3930 E. SILVER SPRINGS BLVD.
OCALA, FL 32601**

Mailing Address
**1114 WYNWOOD AVENUE
CHERRY HILL, NJ 08002 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2090665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAZOVITZ, STEPHEN
STREET ADDRESS	1114 WYNWOOD AVE.
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	VST
NAME	BROWN, LENARD
STREET ADDRESS	1114 WYNWOOD AVENUE
CITY-ST-ZIP	CHERRY HILLE, NJ
TITLE	V
NAME	SALL, ROBERT J
STREET ADDRESS	1114 WYNWOOD AVENUE
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000583755
01/18/07-80028-020 150.00

**DO NOT WRITE
IN THIS SPACE**

I certify that the information furnished in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information furnished 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; that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if applicable, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #