

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000017185

Entity Name: MARIANNE M. GAMBLE, INC.

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6715 N W 63RD AVE  
GAINESVILLE, FL 32653 US

## **New Principal Place of Business:**

6911 NW 22ND STREET  
UNIT A  
GAINESVILLE, FL 32653 US

## **Current Mailing Address:**

6715 N W 63RD AVE  
GAINESVILLE, FL 32653 US

## **New Mailing Address:**

6911 NW 22ND STREET  
UNIT A  
GAINESVILLE, FL 32653 US

FEI Number: 59-3300364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAMBLE, MARIANNE M  
6715 N W 63RD AVE  
GAINESVILLE, FL 32653 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: PST  
Name: GAMBLE, MARIANNE M  
Address: 6715 N W 63RD AVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: V  
Name: GAMBLE, STEVEN  
Address: 6715 N W 63RD AVE  
City-St-Zip: GAINESVILLE, FL 32653

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: MARIANNE M. GAMBLE

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01/18/2011

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

\_\_\_\_\_  
Date