

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 040 ***150.00

DOCUMENT # P95000034594

1. Entity Name

MARCOBAY, INC.



Principal Place of Business

116 S. KENTUCKY AVE
LAKELAND FL 33801
US

Mailing Address

116 S. KENTUCKY AVE
LAKELAND FL 33801
US

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2. Principal Place of Business

500 SOUTH FLORIDA AVE

3. Mailing Address

500 SOUTH FLORIDA AVE

Suite, Apt. #, etc.

STE # 210

Suite, Apt. #, etc.

STE # 210

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33801

Country

USA

Zip

33801

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3316238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, MARK A.
116 S. KENTUCKY AVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VDS ☐ Delete
NAME COWPERTHWAIT, STEVE S
STREET ADDRESS 116 S. KENTUCKY AVE
CITY-ST-ZIP LAKELAND FL

TITLE PD ☐ Delete
NAME BAYLESS, HOWARD
STREET ADDRESS 116 S. KENTUCKY AVE
CITY-ST-ZIP LAKELAND FL

TITLE VDT ☐ Delete
NAME PHILLIPS, MARK
STREET ADDRESS 116 S. KENTUCKY AVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 500 SOUTH FLORIDA AVE. STE 210
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 500 SOUTH FLORIDA AVE. STE 210
CITY-ST-ZIP LAKELAND, FL 33801

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK PHILLIPS

Date

1-26-06

Daytime Phone #

862-680-2293