

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90015 038 \*\*\*150.00

**DOCUMENT # P95000035455**

1. Entity Name  
**MARCOBAY PROPERTIES, INC.**  
**ATTN: BJ MILLER**



Principal Place of Business **Pipkin** ← Mailing Address  
**4025 S PIPKIN RD** **4025 S PIPKIN RD**  
**LAKELAND, FL 33811 US** **LAKELAND, FL 33811 US**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3316243** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAMPBELL, TIMOTHY F ESQ.**  
**500 SOUTH FLORIDA AVENUE, SUITE 800**  
**LAKELAND, FL 33801**

**DO NOT WRITE  
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE **VDS**  
NAME **COWPERTHWAIT, STEVE S**  
STREET ADDRESS **4025 S PIPKIN RD**  
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **PD**  
NAME **BAYLESS, HOWARD D**  
STREET ADDRESS **4025 S PIPKIN RD**  
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **VDT**  
NAME **PHILLIPS, MARK A**  
STREET ADDRESS **4025 S PIPKIN RD**  
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Date Daytime Phone #