2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # P95000050334** 1. Entity Name DAVID G. MARR, INC. Principal Place of Business Mailing Address 5311 MAHOGANY RIDGE DR. 5311 MAHOGANY RIDGE DR. NAPLES, FL 34119 US NAPLES, FL 34119 US 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0607380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent MARR, DAVID G DO NOT WRITE 5311 MAHOGANY RIDGE DR. NAPLES, FL 34119 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MARR, DAVE G 5311 MAHOGANY RIDGE DR STREET ADDRESS CITY-ST-ZIP **NAPLES, FL 34119** TITLE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED