

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000056576

1. Entity Name

CATHY S. MARINO REALTY



FILED

11 JUL -1 AM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

400 N. New York Ave.

3. Mailing Address

P.O. Box 2337

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

Applied For

Not Applicable

Zip

32789

Country

Orange

Zip

32790

Country

Orange

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

7. Name and Address of Current Registered Agent

Name CATHY MARINO

Street Address (P.O. Box Number is Not Acceptable)
400 N. NEW YORK AVE # 106

City Winter Park,

FL

Zip Code
32789

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:

marino.realty@embargo.mail.com

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE President/Director
NAME CATHY S. MARINO
STREET ADDRESS 400 N. New York Ave. # 106
CITY- ST- ZIP Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

100207320861
05/06/11--01037--010 **150.00

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.159 F.S.

SIGNATURE:

Cathy S. Marino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/11

DATE

407-622-5555

Daytime Phone #