

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90015 015 \*\*\*158.75

**DOCUMENT # P95000076487**

1. Entity Name

THE MARC ENVIRONMENTAL GROUP, INC.



Principal Place of Business

3818 GUN HIGHWAY  
SUITE 200  
TAMPA FL 33618  
US

Mailing Address

3818 GUN HIGHWAY  
SUITE 200  
TAMPA FL 33618  
US

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

5908 Land O Lakes Blvd.

3. Mailing Address

5908 Land O Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O Lakes, Fl.

City & State

Land O Lakes, Fl.

Zip

34638

Country

Pasco

Zip

34638

Country

Pasco

4. FEI Number

59-3465584

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIERS, KENNETH W  
825 ADDISON DR NE  
SAINT PETERSBURG FL 33716

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]*  
Signature, typed or printed name of registered agent and title if applicable.

John McKeague, President

April 15, 2007

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 PD ☐ Delete  
NAME MCKEAGUE, JOHN  
STREET ADDRESS 3818 GUNN HWY., SUITE 200  
CITY-ST-ZIP TAMPA FL 33618

TITLE VP ☐ Delete  
NAME CRANDALL, SCOTT  
STREET ADDRESS 3818 GUNN HWY STE 200  
CITY-ST-ZIP TAMPA FL 33608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MCKEAGUE - President

Date

4/15/07

Daytime Phone #

813-995-2164