

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90100 026 \*\*\*150.00

**DOCUMENT # P95000078528**

1. Entity Name  
**MARATHON MUSIC CENTERS, INC.**



Principal Place of Business  
**552 E WOOLBRIGHT RD  
BOYNTON BEACH, FL 33435**

Mailing Address  
**552 E WOOLBRIGHT RD  
BOYNTON BEACH, FL 33435**

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

**701 N CONGRESS AVE**

3. Mailing Address

**701 N CONGRESS AVE**

Suite, Apt. #, etc.

**SUITE 3**

Suite, Apt. #, etc.

**SUITE 3**

City & State

**BOYNTON BEACH FL**

City & State

**BOYNTON BEACH FL**

Zip

**33426**

Country

**USA**

Zip

**33426**

Country

**USA**

02122008

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-0635189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAY, SAMUEL F JR  
20283 STATE RD 7  
SUITE 105  
BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent

Name **JOHN MORRISON JR**  
Street Address (P.O. Box Number is Not Acceptable) **701 N CONGRESS AVE #3**  
City **BOYNTON BEACH** FL Zip Code **33426**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MORRISON, JOHN JR**  
STREET ADDRESS **552 E WOOLBRIGHT RD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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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 **701 N CONGRESS AVE #3**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE ☐ Change ☐ Addition  
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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 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:

**John W. Morrison Jr President**

**4-9-08**

**561-736-2525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #