2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000084208

MARATHON HOTEL, INC.

Principal Place of Business

4000 N. FEDERAL HWY SUITE 206 BOCA RATON, FL 33431 Mailing Address 1000 OMNI BLVD NEWPORT NEWS, VA 23606

FILED Apr 24, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0621700 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

	e named entity submits this stalement for the pitions of registered agent.	urpose of changing its registered	office or r	egistered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and little it	Lapplicable. (NOTE: Registered /	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P ECONOMOS, NICK 4000 N. FEDERAL HWY., SUITE 206 BOCA RATON, FL 33431			.,,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		U00000917675 05/13/08-80052-007 150-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WRITE
NAME STREET ADDRESS		1		IN	THIS SPACE
TITLE 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 applied 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 the empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

NICK ECONOMOS

04/21/2008

(757) 591-3519

Daytime Phone #