

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P96000039650

1. Entity Name

THOMAS D. MARRYOTT, P.A.



Principal Place of Business

126 EAST OLYMPIA AVENUE

SUITE 404

PUNTA GORDA, FL 33950 US

Mailing Address

126 EAST OLYMPIA AVENUE

SUITE 404

PUNTA GORDA, FL 33950 US



02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0685512

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MARRYOTT, THOMAS D  
126 EAST OLYMPIA AVENUE  
SUITE 404  
PUNTA GORDA, FL 33950

**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 reinstating)

DATE

THOMAS D. MARRYOTT, PRESIDENT 2-13-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

U00000636568  
02/26/07-80025-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARRYOTT, THOMAS D
STREET ADDRESS	126 E. OLYMPIA AVE., SUITE 404
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS D. MARRYOTT 2-13-07 (941) 639-8996