2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 08:00 Al **DOCUMENT # P96000098945 Secretary of State** 1. Entity Name R & M MARLOWE, INC. Principal Place of Business Mailing Address 12067 INDIAN ROCKS ROAD 12067 INDIAN ROCKS ROAD LARGO, FL 33774 LARGO, FL 33774 CR2E034 (11/05) 01072008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3416447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARLOWE, MARLENE M DO NOT WRITE 12067 INDIAN ROCKS ROAD LARGO, FL 33774 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. 1 am tamiliar 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TIMLE MARLOWE, MARLENE M MAAGE STREET ADDRESS 12067 INDIAN ROCKS ROAD CITY-ST-ZIP LARGO, FL 33774 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE KAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes: -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: MARLENE MARLON - MARLEN

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

2-19-68 (727) 595-6235

Dilytime Phone #

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