


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90039 018 ***150.00

DOCUMENT # P96000103480						
1. Entity Name MARATHON MOLD INC.						
Principal Place of Business 1615 ELIZABETH AVE WEST PALM BEACH, FL 33401			Mailing Address 1615 ELIZABETH AVE WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box # 1615 ELIZABETH AVE		3. Mailing Address 1615 ELIZABETH AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State W. P. BEACH FL.		City & State W. P. BEACH FL		4. FEI Number 65-0720857		
Zip 33401		Country USA		Applied For Not Applicable		
6. Name and Address of Current Registered Agent MCGOEY, MICHAEL J CPA 639 EAST OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				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: _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMMING, TIMOTHY J 3518 NORTHSHORE DRIVE WEST PALM BEACH, FL 33407		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMMING, TIMOTHY J 1615 ELIZABETH AVE W. P. BEACH FL 33401	
DVT BALL, DAVID M 3001 EAGLE DRIVE DELRAY BEACH, FL 33444			<input checked="" type="checkbox"/> Delete	DVT BALL, DAVID M. 1615 ELIZABETH AVE W. P. BEACH FL 33401		
[Empty]			<input type="checkbox"/> Delete	[Empty]		
[Empty]			<input type="checkbox"/> Delete	[Empty]		
[Empty]			<input type="checkbox"/> Delete	[Empty]		
[Empty]			<input type="checkbox"/> Delete	[Empty]		
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: <u>A. Lantzy Ann Zuritsky</u>				DATE: <u>JAN 2 2008</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # <u>561-655-0986</u>		