


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90048 036 \*\*\*150.00

<b>DOCUMENT # P97000079247</b>	
1. Entity Name <b>MARCO CRAFT &amp; SHELL CORPORATION</b>	

Principal Place of Business <b>1104 N COLLIER BLVD MARCO ISLAND FL 34145</b>	Mailing Address <b>1065 N. COLLIER BLVD MARCO ISLAND FL 34145</b>
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2. Principal Place of Business - No P.O. Box # <b>1089 N. Collier Blvd.</b>	3. Mailing Address <b>1089 N. Collier Blvd</b>
Suite, Apt. #, etc. <b>#424</b>	Suite, Apt. #, etc. <b>#424</b>
City & State <b>Marco Island, FL</b>	City & State <b>Marco Island, FL</b>
Zip <b>34145</b>	Country <b>USA</b>
Zip <b>34145</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-3472460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROLOFF, CYNTHIA I 86 KIRKWOOD STREET MARCO ISLAND FL 34145</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	PD ROLOFF, CYNTHIA 1065 N COLLIER BLVD MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1089 N. Collier Blvd. #424 Marco Island FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLOFF, SCOTT 1065 N. COLLIER BLVD MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1089 N. Collier Blvd. #424 Marco Island FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *C. Roloff* **Cynthia L. Roloff**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-07 239-394-7020**

Date

Daytime Phone #