


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000092250**  
 1. Entity Name  
**MARFLO CORPORATION**



Principal Place of Business      Mailing Address  
**6507 107TH TERRACE NORTH**      **6507 107TH TERRACE NORTH**  
**PINELLAS PARK, FL 33782**      **PINELLAS PARK, FL 33782**



02062006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3475237**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**WEST, WALLACE M**  
**6507 107TH TERRACE NORTH**  
**PINELLAS PARK, FL 33782**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be  
 Added to Fees

U00000444000  
 03/06/06-80034-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE    **P**  
 NAME    **WEST, WALLACE M**  
 STREET ADDRESS    **6507 107TH TERR N**  
 CITY-ST-ZIP    **PINELLAS PARK, FL 33782**

TITLE    **D**  
 NAME    **BAKER, EDWARD**  
 STREET ADDRESS    **53-42 196TH ST**  
 CITY-ST-ZIP    **FLUSHING, NY 11365**

TITLE    **D**  
 NAME    **SHELENG, ALBERT**  
 STREET ADDRESS    **52-54 62ND ST**  
 CITY-ST-ZIP    **MASPETH, NY 11378**

TITLE    **D**  
 NAME    **SHELENG, RICHARD**  
 STREET ADDRESS    **899 DEL GANADO RD**  
 CITY-ST-ZIP    **SA RAFAEL, CA 94903**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE 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 files empowered.

SIGNATURE: Wallace M. West    **Wallace M. West**    **02-14-06**    **(727) 541-7875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #