


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90009 037 ***150.00

DOCUMENT # P98000046667					
1. Entity Name MARCOM SARASOTA, INC.					
Principal Place of Business 4647 STONERIDGE RD SARASOTA, FL 34232			Mailing Address 4647 STONERIDGE RD SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box # 1920 Northgate Blvd		3. Mailing Address ← SAME			
Suite, Apt. #, etc. A7		Suite, Apt. #, etc. A7			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0840484	
Zip 34234		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPARETTO, MARIO L 4647 STONERIDGE TR SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 1920 Northgate Blvd A7 City: Sarasota FL Zip Code: 34234		
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: <u>Mario L Comparetto</u> (NOTE: Registered Agent signature required when reinstating) 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: D NAME: COMPARETTO, MARIO STREET ADDRESS: 4647 STONERIDGE TRAIL CITY-ST-ZIP: SARASOTA, FL 34232	<input type="checkbox"/> Delete		TITLE: _____ NAME: 1920 Northgate Blvd STREET ADDRESS: A7 CITY-ST-ZIP: Sarasota, FL 34234	<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	
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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>Mario L Comparetto</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	