


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90042 005 \*\*\*158.75

<b>DOCUMENT # P98000053507</b>	
1. Entity Name <b>THE MARCLY CORPORATION</b>	

Principal Place of Business <b>14 CINCINNATI AVE COFF-5 ST AUGUSTINE, FL 32084</b>	Mailing Address <b>303 ST GEORGE ST BOX 182 ST AUGUSTINE, FL 32085</b>
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**50024496**



2. Principal Place of Business <b>303 ST GEORGE ST</b>	3. Mailing Address <b>BOX 182 ST AUGUSTINE FL 32085</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07312006 Chg-P CR2E034 (11/05)

City & State <b>ST AUGUSTINE FL</b>	City & State <b>ST AUGUSTINE FL</b>
Zip <b>32084</b>	Zip <b>32085</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3521667</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WORRELL, A. CLYDE 14 CINCINNATI AVE ST AUGUSTINE, FL 32084</b>	
CHANGE TO <b>303 ST GEORGE ST</b>	

7. Name and Address of New Registered Agent	
Name <b>WORRELL, A. CLYDE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>303 ST GEORGE ST</b>	
City <b>ST. AUGUSTINE</b>	FL Zip Code <b>32085</b>

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 <i>A Clyde Worrell Pres</i>	DATE <b>8/4/2006</b>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS WORRELL, A. CLYDE P.O. BOX 182 ST AUGUSTINE, FL 32085 <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
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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 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: <i>A Clyde Worrell Pres</i>	8/04/06 <i>A Clyde Worrell Pres</i> - 904-2419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

# ATTACHMENT

~~5024496~~  
# 998 0000 53507

## PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.

I DID NOT RECEIVE THE ANNUAL REPORT NOTICE  
8/04/06 AND WOULD PREFER