

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 035 ***150.00

DOCUMENT # P99000004771

1. Entity Name
MARCAN INVESTMENTS INC.



Principal Place of Business
**600 1ST AVE N SUITE 302
SAINT PETERSBURG, FL 33701**

Mailing Address
**600 1ST AVE N SUITE 302
SAINT PETERSBURG, FL 33701**

40054640



2. Principal Place of Business - No P.O. Box #
2253 Central Avenue
Suite, Apt. #, etc.

3. Mailing Address
2253 Central Avenue
Suite, Apt. #, etc.

03232007 Chg-P CR2E034 (12/06)

City & State
St. Petersburg, FL
Zip
33713 Country

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St. Petersburg, FL
Zip
33713 Country

4. FEI Number
59-3555461 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VILLARI, JOE
4201 POINSETTA DR
SAINT PETERSBURG, FL 33706**

7. Name and Address of New Registered Agent

Name **Villari, Joe**
Street Address (P.O. Box Number is Not Acceptable)
2253 Central Avenue
City **St. Petersburg** **FL** Zip Code **33713**

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 **Joe Villari** DATE **4/4/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **VILLARI, JOE**
STREET ADDRESS **P.O. BOX 67267**
CITY-ST-ZIP **ST. PETERSBURG, FL 33736**

TITLE **D** ☒ Change ☐ Addition
NAME **Villari, Joe**
STREET ADDRESS **2253 Central Avenue**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **D** ☒ Delete
NAME **VILLARI, MONICA**
STREET ADDRESS **P.O. BOX 67267**
CITY-ST-ZIP **ST. PETERSBURG, FL 33736**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: **Joe Villari**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 **727-322-5100**
Date Daytime Phone #