

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90025 035 \*\*\*150.00



**DOCUMENT # P99000004771**  
 1. Entity Name  
**MARCAN INVESTMENTS INC.**

Principal Place of Business      Mailing Address  
 2253 CENTRAL AVENUE      2253 CENTRAL AVENUE  
 SAINT PETERSBURG, FL 33713      SAINT PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**341 3rd Street S.**      **341 3rd Street S.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**St. Petersburg, FL**      **St. Petersburg, FL**  
 Zip      Country      Zip      Country  
**33701**      **U.S.A.**      **33701**      **U.S.A.**



01242008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3555461**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

VILLARI, JOE  
 2253 CENTRAL AVENUE  
 SAINT PETERSBURG, FL 33713

Name **Villari, Joe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**341 3rd Street S.**  
 City **St. Petersburg**      FL      Zip Code **33701**

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 **1/25/08**  
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, 2008 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 <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLARI, JOE	NAME	Villari, Joe
STREET ADDRESS	2293 CENTRAL AVENUE	STREET ADDRESS	341 3rd Street S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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**      DATE **1/25/08**      DAYTIME PHONE # **727-822-0038**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #