

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P99000081763

1. Entity Name
MARPRO SERVICES, INC.



Principal Place of Business

**1350 RIVER REACH DR
#501
FORT LAUDERDALE, FL 33315**

Mailing Address

**1350 RIVERREACH DR
501
FORT LAUDERDALE, FL 33315**



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**SCHAPER, ROBERT A
1350 RIVER REACH DR. #501
FORT LAUDERDALE, FL 33315**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00 May Be
Added to Fees**

**U00000852741
03/26/08-80041-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAPER, ROBERT A
STREET ADDRESS 1350 RIVER REACH DR. #501
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE VD
NAME DEAN, NANCY J
STREET ADDRESS 1350 RIVER REACH DR. #501
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Schaper **ROBERT A. SCHAPER** March 2008