


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S04361 1. Entity Name MARCELL'S CONSTRUCTION, INC.	
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Principal Place of Business 2525 HICKORY TREE RD. ST. CLOUD, FL 34772	Mailing Address 2525 HICKORY TREE RD. ST. CLOUD, FL 34772
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3027069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEWMAN, WILLIAM JAMES, III 2525 HICKORY TREE RD. ST. CLOUD, FL 34772
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**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 _____ DATE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, WILLIAM J., III 2525 HICKORY TREE RD. ST. CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THRECA L NEWMAN 2475 HICKORY TREE RD ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMY L NEWMAN 2525 OLD HICKORY TREE RD ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/22/07-80087-006 150.00

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: Amy L Newman **AMY L NEWMAN** 4/30/07 407-957-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #