

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90196 004 \*\*\*150.00

<b>DOCUMENT #</b> <u>511587</u>	
<b>1. Entity Name</b>	
Great Marathon Real Estate Company	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> Box 500940		<b>3. Mailing Address</b> P.O. Box 500940	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Marathon, FL		<b>City &amp; State</b> Marathon, FL	
<b>Zip</b> 33050	<b>Country</b> USA	<b>Zip</b> 33050	<b>Country</b> USA

**40068547**

DQ NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-0230592		<b>Applied For</b>
			<b>Not Applicable</b>
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> Joseph Nascone <b>Street Address (P.O. Box Number is Not Acceptable)</b> One Boot Key  <b>City</b> Marathon <b>FL</b> <b>Zip Code</b> 33050		

**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** Joseph Nascone **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00.</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Joseph Nascone One Boot Key Marathon, FL 33050	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Joseph Nascone **4-4-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #