


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90093 003 ***150.00

DOCUMENT # S28182 1. Entity Name MARLOR, INC.	
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Principal Place of Business 9750 SUNBEAM DRIVE NEW PORT RICHEY, FL 34654	Mailing Address 9750 SUNBEAM DRIVE NEW PORT RICHEY, FL 34654
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3039300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZUCO, MARIANO
 9750 SUNBEAM DRIVE
 NEW PORT RICHEY, FL 34654

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZZUCO, MARIANO 9750 SUNBEAM DRIVE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZZUCO, LORETTA R. 9750 SUNBEAM DRIVE NEW PORT RICHEY, FL
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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: Mariano Mazzuco Jan. 17, 2006 ⁽⁷²⁷⁾ 868-8499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #