

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # S44235

1. Entity Name
MARPEG INVESTMENTS, INC.



Principal Place of Business
**1323 S.E. 17TH STREET
SUITE 105
FT. LAUDERDALE, FL 33316**

Mailing Address
**4327 S. HWY. #27
STE. #404
CLERMONT, FL 34711**



07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0252048	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**D
GAYNES, DAVID M ESQ
4327 S. HWY. #27
STE. #404
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

8.3 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)

1100000771550

08/07/07-80007-503 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

**PT
NAME STEWART, DAVID
STREET ADDRESS 58 LEISURE DRIVE
CITY-ST-ZIP AUBURNDALE, FL 33823**

**VS
NAME STEWART, MARGARET
STREET ADDRESS 58 LEISURE DRIVE
CITY-ST-ZIP AUBURNDALE, FL 33823**

**D
NAME GAYNES, JUDY
STREET ADDRESS 4327 S. HWY. #27. STE. #404
CITY-ST-ZIP CLERMONT, FL 34711**

**NAME
STREET ADDRESS
CITY-ST-ZIP**

**NAME
STREET ADDRESS
CITY-ST-ZIP**

**NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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: *Judy Gaynes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07 (352)536-27
Date Daytime Phone #