

DOCUMENT # S52050

1. Entity Name

S.O.S. OF MARCO, INC.



FILED
Feb 09, 2006 08:00 AM
Secretary of State



Principal Place of Business

 1912 SHEFFIELD AVE
 MARCO ISLAND FL 33937
 US

Mailing Address

 1912 SHEFFIELD AVE
 MARCO ISLAND FL 33937
 US

2. Principal Place of Business

1912 Sheffield

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0261134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired


\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 WEBSTER, RONALD S.
 993 NORTH COLLIER BLVD.
 MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**
 9. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

 TITLE P ☐ Delete
 NAME STONE, NIELS
 STREET ADDRESS 1912 SHEFFIELD AVE
 CITY-ST-ZIP NAPLES FL

 TITLE ST ☐ Delete
 NAME SLAVIN, KEVIN
 STREET ADDRESS 673 PALM AVE WEST
 CITY-ST-ZIP GOODLAND FL

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Kevin C. SLAVIN

Date

2/4/06

Daytime Phone #