05/02/2008 11:44 2393941961 CRAIG J COUTU

FILED
Jun 02, 2008 8:00 am
Secretary of State
06-02-2008 90008 029 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S52050

1. Entity Name
S.O.S. OF MARCO, INC.

40107272

Principal Place of Business	Mailing Address
1912 SHEFFIELD AVE MARCO ISLAND, FL 33937 US	1912 SHEFFIELD AVE MARCO ISLAND, FL 33937 US

05022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1912 Sheffield Av.	1912 Sheffield Av. Marco
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Marco Island FL	City & State
Zip 34145 Country Collier	Zip 34145 Country

4. FEI Number 65-0261134 ☐ Applied For ☐ Not Applicable

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 ____________________ 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
Due by September 12, 2008

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

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

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: ____________________ 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #