2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S82401

1. Entity Name
MARLYN S. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
17170 WHITEHAVEN DR BOCA RATON, FL 33496	17170 WHITEHAVEN DR BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

01292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0284626	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERTZ, CLIFFORD I
ONE NORTH CLEMATIS STREET
500
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000618174 02/08/07-80019-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LEGUM, WENDY
STREET ADDRESS	17170 WHITEHAVEN DR
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _WENDY S. Legum_____ _1/31/07_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #