

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90161 046 ***150.00

DOCUMENT # V02285

1. Entity Name

MAR REFERRAL CORP.



Principal Place of Business

**901 W. INDIANTOWN ROAD, #15
JUPITER, FL 33458**

Mailing Address

**901 W. INDIANTOWN ROAD, #15
JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE

400100



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0409487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CODY, CYNTHIA P
901 W. INDIANTOWN ROAD, #15
JUPITER, FL 33458**

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CODY, CYNTHIA P
STREET ADDRESS	952 POMPANO DR.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	S
NAME	BLAKISTON, PATRICIA
STREET ADDRESS	19558 TRAILS ED TERRACE
CITY-ST-ZIP	JUPITER, FL
TITLE	T
NAME	FITZGERALD, PATRICIA S
STREET ADDRESS	901 W. INDIANTOWN ROAD, #15
CITY-ST-ZIP	JUPITER, FL 33458

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia P. Cody *Cynthia P. Cody* *President* *4/23/07* *561 746 9775*