## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 12, 2005 8:00 am Secretary of State DOCUMENT # F97000002446 Entity Name 04-12-2005 90122 042 \*\*\*150.00 MARRELLI AND ASSOCIATES, INC. Principal Place of Business Mailing Address 2800 PLACIDA RD., #104 2800 PLACIDA RD., #104 **ENGLEWOOD FL 34224 ENGLEWOOD FL 34224** 2. Principal Place of Business 3. Mailing Address S. 22. S 2800 Placida Rd. 2800 Placida Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite 101 Suite 101 City & State 4. FEI Number City & State Applied For 52-1874408 Engélwood, FL Engelwood, FL Not Applicable Zip 34224 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34224 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARRELLI, TINA M Street Address (P.O. Box Number is Not Acceptable) 2800 Placida Poad, Suite 101 2800 PLACIDA RD., #104 **ENGLEWOOD FL 34224** Enalewood 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSDC** Change TITLE TITLE ☐ Delete **PSDC** MARRELLI, TINA M Marrelli, Tina M. 2800 Placida Road, Suite 101 Englewood, FL 34224 NAME NAME 2800 PLACIDA RD., #104 STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designing OFFICER OR DIRECTOR Date Designing OFFICER OR DIRECTOR