

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 012 ***150.00

DOCUMENT # P05000146344

1. Entity Name
MARCEAU'S TECHNICAL SOLUTIONS, INC.



Principal Place of Business
9200 S DADELAND BOULEVARD
SUITE 508
MIAMI, FL 33156

Mailing Address
9200 S DADELAND BOULEVARD
SUITE 508
MIAMI, FL 33156

60024515



2. Principal Place of Business
2776 LONGBOAT DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 7754
Suite, Apt. #, etc.

01132006 Chg-P CR2E034 (11/05)

City & State
NAPLES, FLORIDA
Zip
34104
Country
USA

City & State
NAPLES, FLORIDA
Zip
34101
Country
USA

4. FEI Number
20-3742036
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLICKMAN, FRED E
9200 S DADELAND BOULEVARD
SUITE 508
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
Angela Marceau
Street Address (P.O. Box Number is Not Acceptable)
2776 LONGBOAT DRIVE
City
NAPLES
FL
Zip Code
34104

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: Angela Marceau-Secretary Angela Marceau 4-7-2006
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D MARCEAU, WILLIAM J	2776 LONGBOAT DRIVE	NAPLES, FL 33143	
	D MARCEAU, ANGELA M	2776 LONGBOAT DRIVE	NAPLES, FL 33143	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Angela Marceau Angela Marceau 4-7-2006 239-398-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #