

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05276

FILED
Feb 15, 2004
Secretary of State

Entity Name: MARION RADIATOR SERVICE, INC.

Current Principal Place of Business:

% HELEN A LLOYD
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

New Principal Place of Business:

% DIANE STONAKER
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

Current Mailing Address:

% HELEN A LLOYD
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

New Mailing Address:

% DIANE STONAKER
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

FEI Number: 59-2040242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD, HELEN A
5717 NW GAINESVILLE ROAD
OCALA, FL 32670 US

Name and Address of New Registered Agent:

STONAKER, DIANE L ST
5717 NW GAINESVILLE ROAD
OCALA, FL 34475 US

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.

SIGNATURE: DIANE STONAKER

02/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLOYD, CHARLES,
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: LLOYD, HELEN A
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL

Title: STD () Delete
Name: LLOYD, HELEN A,
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LLOYD, CHARLES,
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

Title: VD (X) Change () Addition
Name: STONAKER, HOMER B
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

Title: ST (X) Change () Addition
Name: STONAKER, DIANE L
Address: 5717 NW GAINESVILLE RD
City-St-Zip: OCALA, FL 34475 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE STONAKER

ST

02/15/2004

Electronic Signature of Signing Officer or Director

Date