## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P96000101953 1. Entity Name 04-01-2004 90004 024 \*\*\*150.00 DR. JOHN J. MARCIN & ASSOCIATES, P.A. Principal Place of Business Mailing Address 54024927 4824 SWEET GUM PLACE 4824 SWEET GUM PLACE MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address 2330 N. WICKHAM ROAD 2330 N. WICKHAM ROAD Suite, Apt. #, etc. Suite > Suite, Apt. #, etc. MOORE CR2E034 (11/03) Sufte City & State City & State 4. FEI Number Applied For 59-3417580 EL BOURNE MELBOURYE MEZ Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired **ĽSA** CLSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCIN, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2330 N. WICKTHAM KOAD 4824 SWEET GUM PLACE MELBOURNE FL 32904 Zip Code 3≥935 ELBOURNE 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. TITLE Change Addition TITLE ☐ Delete MARCIN, JOHN J NAME NAME 2330 N. WICKHAM ROAD STREET ADDRESS **4824 SWEET GUM PLACE** STREET ADDRESS 32935 MELBOURNE FL 32904 HELBOURNE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MARCIN, MARY A NAME NAME 2330 N. Wrotethen Rond Stute 2 STREET ADDRESS **4824 SWEET GUM PLACE** STREET ADDRESS MELBOURNE FL 32904 32935 CITY-ST-7IP MEZBOURNE FL CITY-ST-7IP 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 ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

JOHN J. MARCIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**