


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000026039					
1. Entity Name MARCED, INC.					
Principal Place of Business 1645 BARTLETT AVENUE ORANGE PARK, FL 32073			Mailing Address 1645 BARTLETT AVENUE ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3187520	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMONGSOD, BERNARD A 1645 BARTLETT AVENUE ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name: <u>CHARLES R DYER</u> Street Address (P.O. Box Number is Not Acceptable): <u>4527 JULINGTON CK RD</u> <u>JACK</u> City: <u>JACKSONVILLE</u> FL Zip Code: <u>32212</u>		
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: <u>Charles R. Dyer</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>21 July 05</u>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMONGSOD, BERNARDO A 5728 ENGLISH OAK DRIVE S. JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLES R DYER 4527 JULINGTON CK RD JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARCIBAL, EVELYN L 5728 ENGLISH OAK DRIVE S. JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULINE R DYER 4527 JULINGTON CK RD JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300057801243 07/22/05--01062--001 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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: <u>Charles R Dyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>21 July 05</u> <small>Date</small>		

FILED

05 JUL 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMONGSOD, BERNARD A
1645 BARTLETT AVENUE
ORANGE PARK, FL 32073

Name: CHARLES R DYER

Street Address (P.O. Box Number is Not Acceptable): 4527 JULINGTON CK RD

JACK

City: JACKSONVILLE

FL Zip Code: 32212

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SIGNATURE: Charles R. Dyer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

21 July 05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LOMONGSOD, BERNARDO A
5728 ENGLISH OAK DRIVE S.
JACKSONVILLE, FL 32244

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHARLES R DYER
4527 JULINGTON CK RD
JACKSONVILLE FL 32258

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ARCIBAL, EVELYN L
5728 ENGLISH OAK DRIVE S.
JACKSONVILLE, FL 32244

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PAULINE R DYER
4527 JULINGTON CK RD
JACKSONVILLE FL 32258

☒ Change ☐ Addition

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07/22/05--01062--001 **\$61.25

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SIGNATURE: Charles R Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 July 05
Date

Daytime Phone #