

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 261602 1. Entity Name THE MARQUIS CORPORATION	
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Principal Place of Business 613 NORTHLAKE BOULEVARD NORTH PALM BEACH, FL 33408	Mailing Address 613 NORTHLAKE BOULEVARD NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0999900	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KETTER, JACK 613 NORTHLAKE BLVD. N PALM BEACH, FL 33408
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IN THIS SPACE**

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 _____
Signature, hand or printed name of registered agent and fee, if applicable. (If NOT, Registered Agent signature required when returned.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

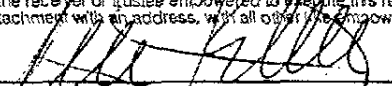
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD KETTER, JACK 613 NORTHLAKE BLVD N PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V KETTER, MARGARET M 613 NORTHLAKE BLVD N PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST KETTER, HELEN F 613 NORTHLAKE BLVD N PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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01/13/04-80070-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 prepare 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 information empowered.

SIGNATURE:  1/7/04 561848-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decline Phone #