


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 006 ***550.00

DOCUMENT # 308564		
1. Entity Name MAR-CREST ENTERPRISES, INC.		

Principal Place of Business 4566 LIVE OAK CHURCH ROAD CRESTVIEW, FL 32536 US	Mailing Address PO BOX 1963 CRESTVIEW, FL 32536 US
--	--

50058146



2. Principal Place of Business 1950 Dove Lane	3. Mailing Address
---	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

07192005 Chg-P CR2E034 (10/03)

City & State Broken, FL	City & State
-----------------------------------	--------------

4. FEI Number 59-1152157	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 32531	Country USA	Zip	Country
---------------------	-----------------------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MARTIN, DON A. 4566 LIVE OAK CHURCH ROAD CRESTVIEW, FL 32536	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1950 Dove Lane	
City Broken	FL Zip Code 32531

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 Don A Martin	DATE 7/25/05
-------------------------------	---------------------

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	P MARTIN, D.A. 4566 LIVE OAK CHURCH ROAD CRESTVIEW, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, BRENDA J 4566 LIVE OAK CHURCH ROAD CRESTVIEW, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Don A Martin	Date 7/25/05	Daytime Phone # 850-682-2635
--------------------------------	---------------------	-------------------------------------

ATTACHMENT 50058146
Division of Corporations

Annual Report

Document Number

308564

Business Entity Name

MAR-CREST ENTERPRISES, INC.

FEI Number

591152157

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

4566 LIVE OAK CHURCH ROAD 1950 Dove Lane

Suite, Apt. #, etc.

City, State

CRESTVIEW Baker, FL

Zip Code & Country

32536 32564 US

Mailing Address

Address

PO BOX 1963

Suite, Apt. #, etc.

City, State

CRESTVIEW, FL

Zip Code & Country

32536 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

MARTIN, DON A.

Address

4566 LIVE OAK CHURCH ROAD 1950 Dove Lane

Suite, Apt. #, etc.

City, State

CRESTVIEW Baker, FL

Zip Code & Country

32536 32564 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Don A Martin

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

ATTACHMENT
Officer/Director Name And Address50058146
#308564

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature

Don A Martin

Don A Martin

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over

[Sunbiz Home Page](#)[Annual Report Help](#)