2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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DOCUMENT # 447272 1. Entity Name					à	Feb 09, 2004, 08:00-AM Secretary of State			
MARCOBAY CONSTRUCTION, INC.					9	JAN 2 2 2004 MARCUBAT			
Principal Place of Business Mailing Address					7	MAI	KUUI)Mi	
116 S KENT LAKELAND US	UCKY AVE	116 S KENTUCKÝ AVE LAKELAND FL 33801 US							
2. Principal Place of Business		3. Mailing Address							
Suste, Apt #, etc		Suite, Apt #, etc.				MOORE CR2E034 (11/03) 4. FEI Number Applied For			
City & State		City & State Zip Coun		tter.	59-1509590 Not Applicable				
Zφ	Country	Country		ntry 5. Certificate of Status Desired Fee Required 5. Status Desired Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
				Name					
BAYLESS, HOWARD 116 S KENTUCKY AVE LAKELAND FL 33801				Street Address (P.O. Box Number is Not Acceptable)					
	ELDAND (L 00001			City			FL	Zip Code	· · · · · · · · · · · · · · · · · · ·
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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				_	:	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.0 Added	0 May Be to Fees
			11.		ΩA	DITIONS/CHANGES TO OFFICE			
TITLE	VOS	☐ Delete	m	3			[Change	Addition
MAME STREET ADDRESS	COWPERTHWAITE, STEVE		NAM STB	EET ADDRESS		U0000004316	63		
CITY-ST-ZIP	LAKELAND FL 39801			(-ST-Z3P		02/10/04-80049	3-016	300.00)
BILLE	PD	☐ Delete	1371	£			[Спалде	☐ Addition
NAME	BAYLESS, HOWARD		NAN	1					
STREET ADDRESS GITY-ST-ZIP	116 S KENTUCKY AVE LAKELAND FL 33801			EET ADDRESS (+St-ZIP					
MLE	VDT	☐ Delele	TITE					Change	☐ Addition
NAME	PHILLIPS, MARK		NAM	1			,	_ ,	
STREET ADDRESS	116 S KENTUCKY AVE			EET ADDRESS					
CITY-SI-ZIP	LAKELAND FL 33801	——————————————————————————————————————		/-ST-ZP				Change	E ArirGian
TITLE NAME		☐ Delete	jiii Mam				ı	Change	Addition
STREET ADDRESS			- 1	EET ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CIT	(-ST-23P					
THILE		☐ Delete	Tiff Ti					Change	Addition
NAME STREET ADDRESS			NAA Str	elt address					
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NAME CTRCCT LODDCCC			NAM eto	}					
STREET ADDRESS CITY-ST-ZIP				EET AODRESS Y-ST-ZBP					
<u> </u>	certify that the information supplied with:	this filing does not qualify			Section	119.07(3)(i), Florida Statutes. I fur	ther certif	y that the is	nformation
indicated of the co- changed	certify that the information supplied with on this report or supplemental report is provation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and the wered to execute this rep with all other like empower	at my signa ort as requ ed.	ature shall have the ired by Chapter (he same 607, Flori	legal effect as if made under oath ida Statutes; and that my name ap	i; that I an opears in	an officer Block 10 o	or director Block 11 if

MAKKA PHYLLAGS 2-02-04 863-680-2243
DE SIGNING OFFICER OR DIRECTOR

DESCRIPTION DE DESCRIPTION D

FILED