


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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


02-28-2005 90195 027 ***150.00

DOCUMENT # 470012	
1. Entity Name MAR-O-DEGULFO, INC.	

Principal Place of Business 5514 BAY BLVD. PORT RICHEY, FL 34668	Mailing Address 5514 BAY BLVD. PORT RICHEY, FL 34668
--	--

2. Principal Place of Business 313 Riley Lake Drive Suite, Apt. #, etc.	3. Mailing Address 313 Riley Lake Drive Suite, Apt. #, etc.
--	--

City & State Hawthorne, FL	City & State Hawthorne, FL
Zip 32640	Country USA

	
01282005	Chg-P CR2E034 (10/03)
4. FEI Number 59-1572731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WINTON, GEORGE K. 5514 BAY BLVD. PORT RICHEY, FL 34668	
--	--

7. Name and Address of New Registered Agent Name WINTON, George K Street Address (P.O. Box Number is Not Acceptable) 313 Riley Lake Drive City Hawthorne FL Zip Code 32640	
---	--

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 George K. Winton, Pres <small>Signature, typed or printed name of registered agent and title if applicable.</small>	George K. Winton 02/25/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTON, GEORGE K. 5514 BAY BLVD. PORT RICHEY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINTON, MARGERY A. 5514 BAY BLVD. PORT RICHEY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODEUR, CHERI W. 4818 N.W. 37TH WAY GAINESVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINTON, GEORGE R 8140 AUTUMN LANE NEW PT RICHEY, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTON, George K 313 Riley Lake Drive Hawthorne, FL 32640 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINTON, MARGERY A. 313 Riley Lake Drive Hawthorne, FL 32640 <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: Margery A. Winton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	MARGERY A. WINTON 02/25/05 352-481-0467 <small>Date Daytime Phone #</small>
--	---