


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90066 006 ***150.00

DOCUMENT # 483244			
1. Entity Name MAR-CY, INC.			
Principal Place of Business 933 LEE ROAD SUITE 400-E ORLANDO, FL 32810 US		Mailing Address 515 VIA DELL ORO #101 933 LEE ROAD SUITE 400-E ORLANDO, FL 32810 US	
2. Principal Place of Business		3. Mailing Address 515 VIA DELL ORO #101	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ALTA MONTE SPR, FL	
Zip	Country	Zip	Country
		32714	SEMINOLE
6. Name and Address of Current Registered Agent BLATTNER, ADRIANNE 933 LEE ROAD SUITE 400-E ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
515 VIA DELL ORO #101		ALTA MONTE SPR, FL 32714	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BLATINER, ADRIANNE 515 VIA DELL RD #101 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>A. Blattner</i></u>		Date: <u>4/12/04</u>	Daytime Phone #: <u>407-247-4026</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

ORD #101
SPR, FL 32714 054045



04122004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1627503

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required