

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90048 018 ***150.00

DOCUMENT # 517169

1. Entity Name
MARCOUX REALTY, INC.



Principal Place of Business
**1135 PASADENA AVENUE
STE 336
ST PETERSBURG, FL 33707**

Mailing Address
**1135 PASADENA AVENUE
SUITE 240-336
ST PETERSBURG, FL 33707**

50005933



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1706283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCOUX, CLARA L.
1135 PASADENA AVE.
SUITE 240-336
ST PETERSBURG, FL 33707**

**DO NOT WRITE
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, 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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	MARCOUX, CLARA L.
STREET ADDRESS	4950 GULF BLVD.
CITY-ST-ZIP	ST. PETERSBURG BEACH,
TITLE	T
NAME	MARCOUX, CLARA L.
STREET ADDRESS	4950 GULF BLVD.
CITY-ST-ZIP	ST. PETERSBURG BEACH,,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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:

Clara L. Marcoux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Date

Daytime Phone #

ATTACHMENT

#517169

50005933

PLEASE NOTICE
MY CORRECT
SITE NUMBER

#336