


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 020 ***150.00

DOCUMENT # 561609 1. Entity Name MARQUARDT, INCORPORATED					
Principal Place of Business HWY 98 P. O. BOX 13668 MEXICO BCH, FL 32410			Mailing Address HWY 98 P. O. BOX 13668 MEXICO BCH, FL 32410		
2. Principal Place of Business 1208 Sleepy Hollow Rd Suite, Apt. #, etc. PO Box 13668		3. Mailing Address Suite, Apt. #, etc. PO Box 13668			
City & State MEXICO BEACH, FL		City & State MEXICO BEACH FL		4. FEI Number 59-1809948	
Zip 32410		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUARDT, THOMAS O. MARQUARDT'S MARINA HIGHWAY 98 MEXICO BEACH, FL 32410			7. Name and Address of New Registered Agent Name MARQUARDT, THOMAS O Street Address (P.O. Box Number is Not Acceptable) 1208 Sleepy Hollow Rd City MEXICO BEACH FL Zip Code 32410		
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 <u>Thomas O. Marquardt</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTD MARQUARDT, THOMAS O. <input type="checkbox"/> Delete HIGHWAY 98 MEXICO BEACH, FL 32410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARQUARDT, THOMAS O 1208 Sleepy Hollow Rd MEXICO BEACH, FL 32410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MARQUARDT, LINDA M. HIGHWAY 98 MEXICO BEACH, FL 32410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARQUARDT, LINDA M. 1208 Sleepy Hollow Rd MEXICO BEACH, FL 32410	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Thomas O. Marquardt</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/27/06 850-648-5389 Date Daytime Phone #		