
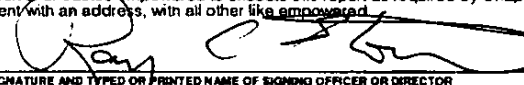


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90335 018 \*\*\*150.00

<b>DOCUMENT # 579896</b>						
1. Entity Name <b>MARV, INC.</b>						
Principal Place of Business <b>2613 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744-1889</b>			Mailing Address <b>P.O. BOX 420922 KISSIMMEE FL 34742 US</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-1972769</b>		
Zip		Country		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>STOUT, RAY C. 210 MAGNOLIA RD. # 113 MAITLAND FL 32751</b>			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			B. 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 re-registering)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STOUT, RAY C.	NAME	<b>MAITLAND, FL 32751</b>			
STREET ADDRESS	210 MAGNOLIA RD # 113					
CITY-ST-ZIP	KISSIMMEE FL 32751	CITY-ST-ZIP				
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STOUT, MARILYN	NAME				
STREET ADDRESS	210 MAGNOLIA RD # 113	STREET ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751	CITY-ST-ZIP				
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, LYNN	NAME				
STREET ADDRESS	30 W 061 PENNY LANE	STREET ADDRESS				
CITY-ST-ZIP	WARRENVILLE IL 60555	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
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 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		Date: <b>5/16/05</b>		Daytime Phone #: <b>407 873 7818</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		

001100



1st MOORE CR2E034 (10/04)

check dated 4/20/05