

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 665383

1. Entity Name

MARGIE'S HOUSE, INC.



Principal Place of Business

14150 N.W. SIXTH COURT
C/O THOMAS DEAN PRESNELL
MIAMI FL 33168-6805

Mailing Address

14150 N.W. SIXTH COURT
C/O THOMAS DEAN PRESNELL
MIAMI FL 33168-6805



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1991869

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESNELL, THOMAS DEAN
14150 N.W. SIXTH COURT
MIAMI FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May P
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRESNELL, THOMAS DEAN	
STREET ADDRESS	255 NE 164 STREET	
CITY - ST - ZIP	MIAMI FL 33162	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALLENSWORTH, MARGIE	
STREET ADDRESS	130 NW 123 ST	
CITY - ST - ZIP	N MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRESNELL, HONORA	
STREET ADDRESS	255 N E 164 STREET	
CITY - ST - ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESNELL, LAUREL L	
STREET ADDRESS	130 NW 123 ST	
CITY - ST - ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 (305) 688-6476
Date Daytime Phone #