

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90087 007 \*\*\*150.00

**DOCUMENT # F00000004491**

1. Entity Name  
**MARCUS COMMERCIAL, INC.**



Principal Place of Business  
**9406 HAWKSMOOR LN  
SARASOTA, FL 34238 US**

Mailing Address  
**9406 HAWKSMOOR LN  
SARASOTA, FL 34238 US**

2. Principal Place of Business  
**3900 CLARK RD  
Suite, Apt. #, etc.  
H-3**

3. Mailing Address  
**3900 CLARK RD  
Suite, Apt. #, etc.  
H-3**

City & State  
**SARASOTA FL**  
Zip  
**34233** Country  
**SARASOTA**

City & State  
**SARASOTA FL**  
Zip  
**34233** Country  
**SARASOTA**

03092005 Chg-P CR2E034 (10/03)

4. FEI Number  
**58-2371293**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TRINGALI, MICHAEL-A  
9406 HAWKSMOOR LANE  
SARASOTA, FL 34238**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3900 CLARK RD**  
**STE H-3**  
City  
**SARASOTA** FL Zip Code  
**34233**

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 U.S. if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/9/5**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TRINGALI, MICHAEL A  
9406 HAWKSMOOR LANE  
SARASOTA, FL 34238** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3900 CLARK RD H-3  
SARASOTA FL 34233** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, name and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/5**

Date

Daytime Phone #

**941-921-9285**