

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000004549**

1. Entity Name

MORVEN INDUSTRIES, INC.



Principal Place of Business

5700 LAKE WORTH ROAD, STE. 108  
LAKE WORTH FL 33463

Mailing Address

5700 LAKE WORTH ROAD, STE. 108  
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3241318

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME KLUGE, JOHN W  
STREET ADDRESS C/O ONE MEADOWLANDS PLAZA  
CITY-ST-ZIP EAST RUTHERFORD NJ 07073

TITLE VC ☐ Delete  
NAME SUBOTNICK, STUART  
STREET ADDRESS C/O ONE MEADOWLANDS PLAZA  
CITY-ST-ZIP EAST RUTHERFORD NJ 07073

TITLE DP ☐ Delete  
NAME LEBER, ALAN H  
STREET ADDRESS 10737 NORTHGREEN DR.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VP ☐ Delete  
NAME JOFFE, STEVEN J  
STREET ADDRESS C/O ONE MEADOWLANDS PLAZA  
CITY-ST-ZIP EAST RUTHERFORD NJ 07073

TITLE S ☐ Delete  
NAME PERSING, DAVID A  
STREET ADDRESS C/O ONE MEADOWLANDS PLAZA  
CITY-ST-ZIP EAST RUTHERFORD NJ 07073

TITLE T ☐ Delete  
NAME MARESCA, ROBERT A  
STREET ADDRESS C/O ONE MEADOWLANDS PLAZA  
CITY-ST-ZIP EAST RUTHERFORD NJ 07073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME U000000026603  
STREET ADDRESS 02/03/04-80014-002 150.00  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 life empowered

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04

581-649-6555