

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90018 007 ***150.00

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

40007100



1st MOORE

CR2E034 (10/04)

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, 2005 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	<input checked="" type="checkbox"/> Delete
NAME	KLUGE, JOHN W	
STREET ADDRESS	C/O ONE MEADOWLANDS PLAZA	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SUBOTNICK, STUART	
STREET ADDRESS	C/O ONE MEADOWLANDS PLAZA	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEBER, ALAN H	
STREET ADDRESS	10737 NORTHGREEN DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOFFE, STEVEN J	
STREET ADDRESS	C/O ONE MEADOWLANDS PLAZA	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERSING, DAVID A	
STREET ADDRESS	C/O ONE MEADOWLANDS PLAZA	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073	
TITLE	T	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21 MAIN ST	
CITY-ST-ZIP	HACKENSACK, N.J. 07601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL CEVOLI	
STREET ADDRESS	21 MAIN ST	
CITY-ST-ZIP	HACKENSACK, N.J. 07601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21 MAIN ST	
CITY-ST-ZIP	HACKENSACK, N.J. 07601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21 MAIN ST	
CITY-ST-ZIP	HACKENSACK, N.J. 07601	

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05 561-649-6555