

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90043 030 ***150.00

DOCUMENT # F03000005420

1. Entity Name
MORVEN HOLDINGS LIMITED INC.



Principal Place of Business
**GREENACRES, OLDMILLS, FOCHABERS
MORAYSHIRE IV32 7HH
SCOTLAND, U.K.,**

Mailing Address
**GREENACRES, OLDMILLS, FOCHABERS
MORAYSHIRE IV32 7HH
SCOTLAND, U.K.,**

64000321



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0172042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAWKINS, BERT
~~277 GULF SHORE BLVD NORTH~~ **300 GEORGETOWN BLVD**
NAPLES, FL 34103 34112

**DO NOT WRITE
IN THIS SPACE**

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 BERT HAWKINS Bert Hawkins 1-12-04
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**

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
**PCD
ARIF, WILLIAM
GREENACRES, OLDMILLS, FOCHABERS
MORAYSHIRE, IV327HH, SCOTLAND,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ARIF, SCOTT
15 LOSSIE WYND, ELGIN
MORAYSHIRE, IV301PU, SCOTLAND,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ARIF, LINDA
GREENACRES, OLDMILLS, FOCHABERS
MORAYSHIRE, IV327HH, SCOTLAND,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSELL, JOHN
15 LOSSIE WYND, ELGIN
MORAYSHIRE, IV301P7, SCOTLAND,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: William Arif WILLIAM ARIF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01144-1343821521