2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F66440

Title:

Name:

Address:

City-St-Zip:

Entity Name: MARQUIS & SONS, INC.

FILED Apr 26, 2005 Secretary of State

Littly Na	IIIe. WARQUK	5 & SONS, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1647 CONSEIL STREET SHERBROOKE, QUEBEC J1G 1N7 CANADA, XX			1647 CONSEIL STREE SHERBROOKE, QC J1		
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
	ISEIL STREET DOKE, QUEBE XX	C J1G 1N7	1647 CONSEIL STREE SHERBROOKE, QC J1		
FEI Number	: 59-2155058	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
1615 SHE	CQUELINE J. NANDOAK DOD, FL 33020) US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
		ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARQUIS, BER 1647 CONSEIL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MARQUIS, PIEF 1647 CONSEIL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MARQUIS, SYL 919 BELVEDER		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MARQUIS, PIEF 31 DU BOISE ROXBORO, QC		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BERTRAND MARQUIS PTD 04/26/2005

() Delete

MARQUIS, CHRISTIAN

1647 CONSEIL STREET

SHERBROOKE, QC J1G 1N7

() Change () Addition