## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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1. Entity Name

MARC LITTLE ENTERPRISES, INC.



US

Principal Place of Business

Mailing Address

101 EAST UNION STREET

SUITE #104 JACKSONVILLE, FL 32202 US 8070 WAKEFIELD AVE JACKSONVILLE, FL 32208

04302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2356267

Applied For Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LITTLE, MARC 8070 WAKEFIELD AVENUE JACKSONVILLE, FL 32208

## DO NOT WRITE IN THIS SPACE

		Į			:
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	amplicable /MOTE Pagasteres	Agent sugget -	required when reinstabing)	DATE
	agnature, types or printed marks or registered agent and tibe in	applicación (NOTE highsteric	rudera adratm	o oquireo witeri renstating)	DATE .
		<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	[		
TITLE NAME STREET ADDRESS CITY ST-ZIP	P LITTLE, MARC 8070 WAKEFIELD AVE. JACKSONVILLE, FL 32208				62463464-80404 654 644 44 8865-194 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1			in the entire of the track of the second
TITLE NAME STREET ADDRESS CITY ST ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-36-04 904-356-2.741

Date

Daytme Phone #