2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # H06931 Secretary of State 1. Entity Name MARATHON PAINTERS, INC. Principal Place of Business Mailing Address % PIERRE BITZANAKIS 365 DESOTO PARKWAY SATELLITE BEACH FL 32937 % PIERRE BITZANAKIS 365 DESOTO PARKWAY SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Marling Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2418637 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BITZANAKIS, PIERRE Street Address (P.O. Box Number is Not Acceptable) 365 DESOTO PARKWAY SATELLITE BEACH FL 32937 City 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 of printed name of registered agent and title if applicable DATE (NOTE Registered Agent signalure required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ Change TITLE ☐ Detete ILT: F Addition **U000**00246380 BITZANAKIS, PIERRE NAME NA M 02/28/05-80061-017 150.00 365 DESOTO PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST ZIP SATELLITE BEACH FL 32937 CITY-ST ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME BITZANAKIS, DIMITRIOS NAME STREET ADDRESS 365 DESOTO PARKWAY STREET ADDRESS SATELLITE BEACH FL 32937 Offic ST-ZIP CITY ST-ZIP TITLE ☐ Delete HRE ☐ Change ☐ Addition NAME BITZANAKIS, APOSTOLIS NAME STREET ADDRESS STREET ADDRESS 365 DESOTO PKWY. CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 Addition Change TUTLE ☐ Delete INTLE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP City-ST-ZIP Change ☐ Addition TITLE ☐ Delete HILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP Addition | TITLE Delete 1101 E Change NAME **LAME** STREET ADDRESS STREET ADDRESS CITY ST JIP CHY 51 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 like empowered.

SIGNATURE:

02-21-05 321-771-3777

FILED