

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90028 035 ***150.00

DOCUMENT # H66960

1. Entity Name

MARLEN DEVELOPERS, INC.



Principal Place of Business

P.O. BOX 1139
LYNN HAVEN FL 32444

Mailing Address

P.O. BOX 1139
LYNN HAVEN FL 32444

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2567343**

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MCCAIN, MARVIN E.
712 W PIERSON DR
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

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

Marvin E. McCain

3-1-04

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
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 DP ☐ Delete
NAME MCCAIN, MARVIN E.
STREET ADDRESS P.O. BOX 1139 N/A
CITY-ST-ZIP LYNN HAVEN FL

TITLE DS ☐ Delete
NAME MCCAIN, LENDA H.
STREET ADDRESS P.O. BOX 1139 N/A
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☐ Delete
NAME MOWAT, JAMES M.
STREET ADDRESS HIGHWAY 390
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☒ Delete
NAME MOWAT, MARION G.
STREET ADDRESS HIGHWAY 390
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☐ Delete
NAME ANDREWS, SANDY W.
STREET ADDRESS HIGHWAY 389
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☐ Delete
NAME ANDREWS, BETTY J. M
STREET ADDRESS HIGHWAY 389
CITY-ST-ZIP LYNN HAVEN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

Marvin E. McCain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-04 850265-5528