
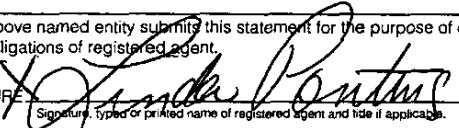



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90080 044 ***150.00

DOCUMENT # H99432 1. Entity Name MARION METAL WORKS, INCORPORATED					
Principal Place of Business 4750 S PINE AVE OCALA, FL 34480 US			Mailing Address PO BOX 5037 OCALA, FL 34470 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 4450 NE 2ND STREET Suite, Apt. #, etc.		
City & State Zip Country			City & State OCALA, FL Zip Country 34470 US		
4. FEI Number 59-2631380			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PONTIUS, LEE A 4750 S PINE AVE OCALA, FL 34470			7. Name and Address of New Registered Agent Name LINDA PONTIUS Street Address (P.O. Box Number is Not Acceptable) 4450 NE 2ND STREET City OCALA FL Zip Code 34470		
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  LINDA PONTIUS DATE 4-14-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONTIUS, LEE A 4750 S PINE AVE OCALA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PONTIUS, LINDA 4750 S PINE AVE OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S T LINDA PONTIUS 4450 NE 2ND STREET OCALA FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 			LINDA PONTIUS 3/13/2004 351-4221 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		

94053007



03062004 Chg-P CR2E034 (10/03)

3/8/04: JFW: ml