

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99432

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: MARION METAL WORKS, INCORPORATED

## Current Principal Place of Business:

4750 S PINE AVE  
OCALA, FL 34480 US

## New Principal Place of Business:

## Current Mailing Address:

4450 NE 2ND ST  
OCALA, FL 34470 US

## New Mailing Address:

PO BOX 5037  
OCALA, FL 34478 US

FEI Number: 59-2631380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PONTIUS, LINDA  
4450 NE 2ND ST  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

BOURNE, LINDA L PRES  
4450 NE 2ND ST  
OCALA, FL 34470 US

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.

SIGNATURE: LINDA L. BOURNE

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: PONTIUS, LINDA  
Address: 4450 NE 2ND ST  
City-St-Zip: Ocala, FL 34470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: BOURNE, LINDA  
Address: 4450 NE 2ND ST  
City-St-Zip: Ocala, FL 34470

Title: VP ( ) Change (X) Addition  
Name: BOURNE, DALE E  
Address: 4450 NE 2ND ST  
City-St-Zip: Ocala, FL 34470

Title: VP ( ) Change (X) Addition  
Name: ARNETT, EARL R JR  
Address: 4700 S PINE AVE  
City-St-Zip: Ocala, FL 34480

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.

SIGNATURE: LINDA L BOURNE

PST

04/11/2005

Electronic Signature of Signing Officer or Director

Date