

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84257

FILED
Jan 12, 2005
Secretary of State

Entity Name: THE MARKET OF MARION, INC.

Current Principal Place of Business:

12888 SE HWY. 441
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

12888 SE HWY 441
BELLEVIEW, FL 34420 US

New Mailing Address:

FEI Number: 59-2826237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHADDIX, STEVEN L.
1275 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHADDIX, WILLIAM O., II
Address: 1 DEER MOSS TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: GORDON, SHARON S.,
Address: 7611 TIMBERLY CT.
City-St-Zip: MCLEAN, VA

Title: STD () Delete
Name: FOX, SHARLENE S.,
Address: 686 FERNCLIFF DRIVE
City-St-Zip: PORT ORANGE, FL

Title: D () Delete
Name: SHADDIX, MADELINE E.,
Address: 6 HOMAN TERRACE
City-St-Zip: DAYTONA BEACH, FL

Title: VPD () Delete
Name: SHADDIX, STANLEY WIL, LIAM
Address: 2130 OLD DAYTONA RD.
City-St-Zip: DAYTONA BEACH, FL

Title: PD () Delete
Name: SHADDIX, STEVEN L.,
Address: 2410 SE 29TH STREET
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARLENE S. FOX

STD

01/12/2005

Electronic Signature of Signing Officer or Director

Date