


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-09-2004 90010 007 ***550.00

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|---|--|--|---|
| DOCUMENT # K10928 | |  | |
| 1. Entity Name MAR-AL, INC. | | | |
| Principal Place of Business 25 SAVONA AVE. ENGLEWOOD, FL 34223 | | Mailing Address 25 SAVONA AVE. ENGLEWOOD, FL 34223 | |
| 2. Principal Place of Business C/O CLOUGH Suite, Apt. #, etc. 67 COLONIAL LANE City & State BELLPORT NY Zip 11713 Country USA | | 3. Mailing Address C/O CLOUGH Suite, Apt. #, etc. 67 COLONIAL LANE City & State BELLPORT NY Zip 11713 Country USA | |
| 6. Name and Address of Current Registered Agent WOOD & SEITZ 3665 BEE RIDGE ROAD SUITE 300 SARASOTA, FL 34233 | | 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 | PD KING, ALBERT N. 25 SAVONA AVE. ENGLEWOOD, FL <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 | STD KING, MARIAN 25 SAVONA AVE. ENGLEWOOD, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Marian King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>9/7/04</u> Daytime Phone # <u>631-475-4657</u> | |

24084194



09012004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0033669
Applied For
Not Applicable

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