


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K30719</b>		
1. Entity Name MARQUIS CONSTRUCTION & DEVELOPMENT, INC.		
Principal Place of Business 3714 COVINGTON DR. HOLIDAY, FL 34691	Mailing Address 3714 COVINGTON DR. HOLIDAY, FL 34691	



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-3257798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KAVALA, CHRIS M 3714 COVINGTON DR. HOLIDAY, FL 34691		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC KAVALA, CHRIS M. 3714 COVINGTON DRIVE HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KAVALA, LILLIAN M 3714 COVINGTON DRIVE HOLIDAY, FL 34691
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04/07/05-80043-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **CHRIS M. KAVALA, PRES.** 4/5/05 (727) 937-3090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #