

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K71329**

1. Entity Name  
MAR WALT BUSINESS ASSOCIATES, INC.



Principal Place of Business

928-D MARWALT DR.  
FT. WALTON BEACH, FL 32547

Mailing Address

928-D MARWALT DR.  
FT. WALTON BEACH, FL 32547



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2934885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACEY, THEODORE I  
928-D MAR WALT DR.  
FT. WALTON BEACH, FL 32547

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000233871  
02/17/05-80060-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	MARSHALL, WILLIAM R.
STREET ADDRESS	928-D MAR WALT DR.
CITY - ST - ZIP	FT. WALTON BEACH, FL
TITLE	DS
NAME	DECROOS, FONSBY
STREET ADDRESS	928-D MAR WALT DR.
CITY - ST - ZIP	FT. WALTON BEACH, FL
TITLE	DP
NAME	DLABAL, THOMAS A.
STREET ADDRESS	928-D MAR WALT DR.
CITY - ST - ZIP	FT. WALTON BEACH, FL
TITLE	DVP
NAME	MACEY, THEODORE I.
STREET ADDRESS	928-D MAR WALT DR.
CITY - ST - ZIP	FT. WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #