


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L23464</b> 1. Entity Name <b>MCFARLAND'S OF MARCO WOMEN'S APPAREL, INC.</b>	
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Principal Place of Business <b>% ROBERT DOUGLAS MCFARLAND 117 S. BARFIELD DR MARCO ISLAND, FL 34145 US</b>	Mailing Address <b>% ROBERT DOUGLASS MCFARLAND 117 S. BARFIELD DR MARCO ISLAND, FL 34145 US</b>
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0152915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MCFARLAND, ROBERT DOUGLAS 117 S. BARFIELD DR MARCO ISLAND, FL 34145</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFARLAND, ROBERT D. 1084 DILL COURT MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCFARLAND, JOYCE ANN 1084 DILL COURT MARCO ISLAND, FL
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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:** Robert M. Farland, Pres. 1/11/04 239-642-7489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #