

ANNUAL REPORT

FILED

Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90013 037 ***150.00

DOCUMENT # M68763

1. Entity Name
WHAT NOW MARCO ENTERPRISES INC.



Principal Place of Business
4228 ROYAL WOOD BLVD
NAPLES, FL 34112 US

Mailing Address
4228 ROYAL WOOD BLVD
STE 14
NAPLES, FL 34112 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0022617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRZYKOWSKI, JOAN
4228 ROYAL WOOD BLVD
NAPLES, FL 34112

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KRZYKOWSKI, JOAN A.
STREET ADDRESS 4228 ROYAL WOOD BLVD
CITY-ST-ZIP NAPLES, FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SV
NAME CLINE, CHERYL L.
STREET ADDRESS 14500 E. TAMiami TR. #402
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS 271 Indian Key Lane
CITY-ST-ZIP Naples, FL 34114 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joan A. Krzykowski

2-13-04 239-793-4246