


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90052 046 \*\*\*150.00

<b>DOCUMENT # M74862</b>		
1. Entity Name <b>MARIGOLD ANTIQUES, INC.</b>		

Principal Place of Business <b>C/O MARILYN FELDMAN 264 EVERGLADES RD PALM BEACH FL 33480 US</b>	Mailing Address <b>C/O MARILYN FELDMAN 264 EVERGLADES RD PALM BEACH FL 33480 US</b>
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2. Principal Place of Business <b>264 EVERGLADE AVE</b>	3. Mailing Address <b>264 EVERGLADE AVE</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**00021000**



1st MOORE CR2E034 (10/04)

4. FEI Number <b>36-3332321</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>CARROLL, EILEEN C ✓ 350 CLUB CIRCLE 208 BOCA RATON FL 33487</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>2500 BLACK OLIVE BLVD</b>
City	<b>DELRAY BEACH</b>
State	<b>FL</b>
Zip Code	<b>33445</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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, MARILYN M.</b>	NAME	
STREET ADDRESS	<b>264 EVERGLADES RD</b>	STREET ADDRESS	<b>264 EVERGLADE AVENUE</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKIN, DAVID</b>	NAME	
STREET ADDRESS	<b>220 SUNRISE #203</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROLL, EILEEN C</b>	NAME	
STREET ADDRESS	<b>350 CLUB CIRCLE</b>	STREET ADDRESS	<b>2500 BLACK OLIVE BLVD</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <b>Marilyn M. Feldman</b>	<b>MARILYN M. FELDMAN</b>	<b>2/14/05</b>	<b>561 655-8996</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #