


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 042 \*\*\*\*70.00

<b>DOCUMENT # N96000005924</b> 1. Entity Name <b>MARBELLA SERVICES, INC.</b>	
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Principal Place of Business <b>7425 PELICAN BAY BLVD NAPLES, FL 34108 US</b>	Mailing Address <i>(SAME AS)</i> <del><b>850 PARK SHORE DRIVE NAPLES, FL 34103 US</b></del>
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20031300



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3428049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>FALK, STEVEN M 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

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	PD JONES, HENRY 7425 PELICAN BAY BLVD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COUNSELMAN, CHARLES 7425 PELICAN BAY BLVD. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REINS, ROBERT 7425 PELICAN BAY BLVD. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUGHEY, STANLEY 7425 PELICAN BAY BLVD. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOYT, JOHN 7425 PELICAN BAY BLVD NAPLES, FL 34108
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 617, 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:** Stanley Hughey **4/8/05** **(739) 513-1763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #