



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000049435</b>		
1. Entity Name MARAC, INC.		
Principal Place of Business 3665 BEE RIDGE ROAD SUITE #310 SARASOTA, FL 34233	Mailing Address 3665 BEE RIDGE ROAD SUITE #310 SARASOTA, FL 34233	 03162004 No Chg-P CR2E034 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		

6. Name and Address of Current Registered Agent  MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD SUITE #310 SARASOTA, FL 34233	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000105525 04/07/04-80029-009 150.00
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CARRION, JAIME S 3665 BEE RIDGE ROAD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, ROBERT A 1430 KENILWORTH STREET SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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:**  **04-02-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #