2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90147 030 ***150.00

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DOCUMENT # P0000058891 1. Entity Name MARLEY CONTRACTING INC.						04-26-200	_		0.00
Principal Place	e of Rusiness	Mailing Address	·		4	. • • • • •	•		
	E SPRINGS ROAD	1050 W BLUE SPRINGS ORANGE CITY, FL 3276							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		041	42005	Chg-P	CR2E0	34 (10/03)	
City & State	е	City & State	-		El Number 59-3661:	209			oplied For ot Applicable
Zip	Country	Zip	Country	5 . C	ertificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. N	ame and A	ddress of Nev	Registered A	gent	
			Name						
RILEY, SHANE 1050 W BLUE SPRINGS ROAD ORANGE CITY, FL 32763			Street Add	dress (P.O. Bo	ox Number	is Not Accepta	ble)		
OIVIIVOL	0111,12 32700								
			City				FL	Zip Cod	е
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or re	egistered age	ent, or both	in the State of	Florida. Lam i	amiliar with,	and accept
1	* ,								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	: Registered Agent signature	required when rei	instating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai	gn Financing	\$5. 00 м	ay Be		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campai Trust Fund Cont	gn Financing	\$5.00 M Added to F	ay Be ees				
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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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4-22-05

3%6-774-16Z3 Daytime Phone #