


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 SEP 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|------------------------|--|---|--|-----------------|
| DOCUMENT # P0000068662 | | | |  | |
| 1. Entity Name WAYNE A. MARION INC. | | | | | |
| Principal Place of Business 7342 MYRTLE ROAD FT MYERS, FL 33912 | | | Mailing Address 7342 MYRTLE ROAD FT MYERS, FL 33912 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1031709 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MARION, WAYNE A 7342 MYRTLE ROAD FT MYERS, FL 33912 | | | 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: <u>Wayne Marion</u> WAYNE MARION (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PSTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARION, WAYNE A | | NAME | 000041451160 | |
| STREET ADDRESS | 7342 MYRTLE ROAD | | STREET ADDRESS | 09/29/04--01054--010 | **61.25 |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOEHL, ANDREW | | NAME | V | |
| STREET ADDRESS | 3350 WHIDDEN LOOP ROAD | | STREET ADDRESS | Guffey, Christopher J. | |
| CITY-ST-ZIP | IMMOKALEE, FL 34142 | | CITY-ST-ZIP | 7345 Lobelia Road | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Fort Myers, FL 33912 | |
| 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: <u>Wayne Marion</u> WAYNE MARION | | | Date | | 9-23-04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |