
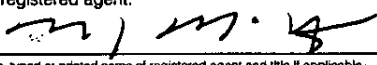
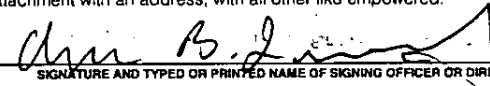


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90019 031 ***150.00

DOCUMENT # P00000070840			
1. Entity Name MARATHON REAL ESTATE HOLDINGS, INC.			
Principal Place of Business 1922 7TH AVE N LAKE WORTH, FL 33461		Mailing Address 1922 7TH AVE N LAKE WORTH, FL 33461	
2. Principal Place of Business 1615 ELIZABETH AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State WEST PALM BEACH		City & State	
Zip FL 33404	Country	Zip	Country
4. FEI Number 65-1050984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOEY, MICHAEL J 209 N SEACREST BLVD BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name: MCGOEY, M. J. Street Address (P.O. Box Number is Not Acceptable): 639 EAST OCEAN AVE # 101 City: BOYNTON BEACH FL Zip Code: 33435	
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: 1/14/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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: PSD NAME: DEMMING, TIMOTHY J STREET ADDRESS: 1922 7TH AVE N CITY-ST-ZIP: LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: BALL, DAVID M STREET ADDRESS: 1922 7TH AVE N CITY-ST-ZIP: LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAN 11, 2005 561-655-0981 Date Daytime Phone #	

400003440



01112005 Chg-P CR2E034 (10/03)