

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 030 ***150.00

90001111



DOCUMENT # P00000095554 1. Entity Name MARQUIS ASSOCIATES GROUP, INC.			
Principal Place of Business 6316 SAN JUAN AVE STE 12 JACKSONVILLE, FL 32210		Mailing Address 6316 SAN JUAN AVE STE 12 JACKSONVILLE, FL 32210	
2. Principal Place of Business 6316 SAN JUAN AVE Suite, Apt. #, etc. STE 3 City & State JACKSONVILLE, FL Zip 32210		3. Mailing Address 6316 SAN JUAN AVE Suite, Apt. #, etc. STE 3 City & State JACKSONVILLE, FL Zip 32210	
4. FEI Number 59-3677961		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 ISAACS, KIM D 9857 CRESSWELL LANE N. JACKSONVILLE, FL 32221		7. Name and Address of New Registered Agent Name ISAACS, Kim D Street Address (P.O. Box Number is Not Acceptable) 10217 MANORVILLE DR. City JACKSONVILLE FL Zip Code 32221	
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><i>Kim Isaacs</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u><i>4/3/05</i></u>			
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 P NAME ISAACS, KIM D STREET ADDRESS 9857 CRESSWELL LANE N CITY-ST-ZIP JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE P NAME ISAACS, Kim D STREET ADDRESS 10217 MANORVILLE DR. CITY-ST-ZIP JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ISAACS, GERALD STREET ADDRESS 9857 CRESSWELL LANE N CITY-ST-ZIP JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE VP NAME ISAACS, GERALD STREET ADDRESS 10217 MANORVILLE DR. CITY-ST-ZIP JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Michael Isaac</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/3/05</i></u> Daytime Phone # <u><i>904-786-1818</i></u>	