


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000113839
 1. Entity Name
 MARCH VENTURES, INC.



Principal Place of Business C/O DOUG E. WIEBEL, C.P.A. 9240 BONITA BEACH ROAD #3305 BONITA SPRINGS, FL 34135	Mailing Address C/O DOUG E. WIEBEL, C.P.A. 9240 BONITA BEACH ROAD #3305 BONITA SPRINGS, FL 34135
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03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060493	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 KRAUSE, ANDREW J
 5811 PELICAN BAY BOULEVARD
 SUITE 600
 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCH, CAROL K 574 MONTROSE LN SAINT PAUL, MN 551161158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCH, LAUREL A 574 MONTROSE LN SAINT PAUL, MN 551161158
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 04/19/04-80082-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Carol K March Pres Date: 4-14-04 Daytime Phone #: (651)689-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR