

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90004 012 ***550.00

DOCUMENT # P01000004618

1. Entity Name

MARCEL INTERIORS, INC.



Principal Place of Business

1128 E. SEMORAN BLVD.
APOPKA FL 32703

Mailing Address

1128 E. SEMORAN BLVD.
APOPKA FL 32703



2. Principal Place of Business

6800 CENTER STREET

Suite, Apt. #, etc.

SUITE A

City & State

APOPKA, FL

Zip
32703

Country
USA

3. Mailing Address

6800 CENTER STREET

Suite, Apt. #, etc.

SUITE A

City & State

APOPKA, FL

Zip
32703

Country
USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

43-1523740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNACHE, YVON
2239 PALM VISTA DR.
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
D
BRUNACHE, YVON
2239 PALM VISTA DR.
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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.

SIGNATURE:

Yvon Brunache

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-822-4313