

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90240 047 ***150.00

DOCUMENT # P01000008380

1. Entity Name
MARMAC PROPERTIES, INC.



Principal Place of Business
**7226 W COLONIAL DR #112
ORLANDO, FL 32818-6731**

Mailing Address
**7226 W COLONIAL DR #112
ORLANDO, FL 32818-6731**

J4072104



2. Principal Place of Business
PMB # 242

3. Mailing Address
PMB # 242

Suite, Apt. #, etc.

478 E. ALTAMONTE DR, STE 108

Suite, Apt. #, etc.

478 E. ALTAMONT DR, STE 108

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

SEMINOLE

Zip

32701

Country

SEMINOLE

04082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3695893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LACLAIR, MARC F
943 PINE STREET
ORLANDO, FL 32818-6731
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **OVIEDO**

FL

Zip Code

32765

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, 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 **P** ☐ Delete
NAME **MCCORKLE, MARGARET L**
STREET ADDRESS **1736 FLORENCE VISTA BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **T** ☐ Delete
NAME **LACLAIR, MARC F**
STREET ADDRESS **943 PINE STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **S** ☐ Delete
NAME **LACLAIR, LINDA L**
STREET ADDRESS **943 PINE STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **640 LAUREL OAK LN #110**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701-6514**

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Margaret L. McCorkle **MARGARET L. MCCORKLE** **4/27/04** **407-484-7479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #