

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008380

Entity Name: MARMAC PROPERTIES, INC.

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

PMB #242  
478 E ALTAMONT E DRVIE STE 108  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

943 PINE ST  
OVIEDO, FL 32765 US

## Current Mailing Address:

PMB #242  
478 E ALTAMONT E DRVIE STE 108  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

943 PINE ST  
OVIEDO, FL 32765

FEI Number: 59-3695893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LACLAIR, MARC F  
943 PINE STREET  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCORKLE, MARGARET L  
Address: 640 LAUREL OAK LN #110  
City-St-Zip: ALTAMONTE SPRINGS, FL 327016514

Title: T ( ) Delete  
Name: LACLAIR, MARC F  
Address: 943 PINE STREET  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: LACLAIR, LINDA L  
Address: 943 PINE STREET  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LACLAIR, MARC F  
Address: 943 PINE ST  
City-St-Zip: OVIEDO, FL 32765 US

Title: T (X) Change ( ) Addition  
Name: LACLAIR, MARC F  
Address: 943 PINE STREET  
City-St-Zip: OVIEDO, FL 32765 US

Title: S (X) Change ( ) Addition  
Name: MCDONALD, ANTHONY P  
Address: 8254 PAMLICO ST  
City-St-Zip: ORLANDO, FL 32817 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC F LACLAIR

PRES

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date