

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000011351
 1. Entity Name
 MARVIN J. PERRY GROUP, INC.



Principal Place of Business Mailing Address
 03 CALOOSA ROAD 03 CALOOSA ROAD
 KEY LARGO, FL 33037 KEY LARGO, FL 33037



05062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1088780 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PERRY, MARVIN J
 03 CALOOSA ROAD
 KEY LARGO, FL 33037

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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: Don Starr Office manager 5/7/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------|
| TITLE | D |
| NAME | PERRY, MARVIN J |
| STREET ADDRESS | 03 CALOOSA ROAD |
| CITY - ST - ZIP | KEY LARGO, FL 33037 |
| TITLE | D |
| NAME | PERRY, CAROL A |
| STREET ADDRESS | 03 CALOOSA ROAD |
| CITY - ST - ZIP | KEY LARGO, FL 33037 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 05/12/04-80004-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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: Don Starr Office manager 5/7/04 301-564-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #