

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90015 005 ***158.75

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1. Entity Name

MARQUIS FINANCIAL GROUP, INC.



Principal Place of Business

**2203 N. LOIS AVE. STE. 900
TAMPA FL 33607**

Mailing Address

**P.O. BOX 20312
TAMPA FL 33622-0312**

01010000



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3723632**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENRY, BRUCE
4301 ARCH STREET
TAMPA FL 33607**

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, 2004: 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 **P** ☒ Delete
NAME **HILL, TASHA L**
STREET ADDRESS **4301 W ARCH STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **V** ☒ Delete
NAME **HILL, ADA B**
STREET ADDRESS **4301 ARCH STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **President** ☒ Change ☐ Addition
NAME **Bruce Henry**
STREET ADDRESS **2203 N. Lois Ave Ste. 900**
CITY-ST-ZIP **Tampa, Fla. 33607**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Willie Johnson**
STREET ADDRESS **2203 N. Lois Ave. Ste.**
CITY-ST-ZIP

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Wanda Boyd**
STREET ADDRESS **2203 N. Lois Ave. Ste. 900**
CITY-ST-ZIP **Tampa, Fla. 33607**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Willie Johnson**
STREET ADDRESS **4900 W. Hallandale Beach Blvd.**
CITY-ST-ZIP **Pembroke Park, FL 33023**

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

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: **Bruce D. Henry**

2/19/04

813.391.8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #