2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

MARILYN M. MARISON

DOCUMENT # P01000096666

5/13/

## FILED Jun 18, 2004 8:00 am Secretary of State

<ol> <li>Entity Name</li> </ol>	3 ]			05-13-2004 900	)12 009 ***150.00	
TOTAL RE	EAL ESTATE SERVICES,	INC.		<b>)</b>		
-	i H					
Principal Place	of Business	Mailing Address		†		
Principal Place of Business 507 NW 60TH ST		507 NW 60TH ST		00440	0044007	
GAINESVILLE FL 32607		GAINESVILLE FL 32607				
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O Dissipat Di		A station a defense				
2. Principal Place of Business		3. Mailing Address		THE REPORT OF THE PARTY OF THE		
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>	MOORE CR2E034 (11/03)			
	!			INOUTE CHEEGS	+ (1700)	
City & State		City & State		4. FEI Number 59-3747252	Applied For	
			T-6	33-37-47-232	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Registered		
			Name			
LYONS, JANE A				Address (D.O. Chr. Must - in Mrs. Annual Phys.)		
16591-NW-129TH-TERR			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ALA	CHUA FL 32615					
			City	<b>333</b> (	Zip Code	
		·	<u></u>	<b>F</b>		
	named entity submits this stateme	ent for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I ar	n familiar with, and accept	
ule ooligali	ions of registerep agent.					
SIGNATURE .	Signature, typed & printed name of registered.	some and the department of the	TE: Registered Agent signature requ	wed when rensizzing) DATE		
Winds Parkerships	Signature, types of primary manie of regularess	agent are the suppleane. (NO	It: vebaleta vdest aduatne tedn	MACO ALMON LONGOTONIAN	· <u>-</u>	
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00 May Be	
	r May 1, 2004 Fee will be \$550 k Payable to Florida Departme			Trust Fund Contribution.	Added to Fees	
10.	はなるとは、これであることとは、これではない。 または、 できた (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	IN DIRECTORS IN 11	
TITLE	D OFFICERS	Delete	TITLE	ADDITIONATION AND AND AND AND AND AND AND AND AND AN	Change Addition	
NAME	CLEMONS, JANE A	Chicae	NAME		<b>—</b> • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS	16591 NW 129TH TERR		STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615	<u> </u>	CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	MARSON, MARILYN M	Al/	MAME			
STREET ADDRESS	4255 NW 77TH TERR	UK	STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	GAINESVILLE FL 32606				To Otener Daddine	
TITLE	, '	☐ Delete	TITLE ,		Change Addition	
STREET ADDRESS	1		STREET ADDRESS		•	
CITY-ST-ZIP	]		CITY-ST-ZIP	•		
TITLE		☐ Delete	TITLE	<del></del>	Change Addition	
NAME	:		NAME		•	
STREET ADDRESS	1	•	STREET ADDRESS			
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NAME	1		NAME			
STREET ADDRESS CITY-ST-ZIP	<u> </u>		STREET ADDRESS CITY-ST-ZIP			
<del></del>	<u>ji</u>				☐ Change ☐ Addition	
TITLE NAME	2	☐ Delete	TITLE NAME		☐ creside € verginou	
STREET ADDRESS	سعر ا		STREET ADDRESS			
CITY-ST-ZIP		<i>[</i>	CITY-ST-ZIP	•		
	certify that the information supplie	ed with this filing ones not quality	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
indicated	d on this resort or supplemental re	port is the and accurate and the	rmy signature shall have to	n Section 119.07(3)(i), Florida Statutes. I further the same legal effect as if made under oath; tha 607, Florida Statutes; and that my name appea	I am an officer or director is in Block 10 or Block 11 if	
changed	d, or on an attacoment with art add	ress, with all other like employer	19.	The second secon		
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SIGNAT	IUHE:	The water		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00, 0 - 1	