2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P01000100122 1. Entity Name MARCAT, INC.					04-30-2004 90307 017 ***150.00			
Principal Place of Business Mailing Address					54045833			
7387 S.E. 12TH CIRCLE 7387 S.E. 12TH CIRCLE OCALA, FL 34480 ©CALA, FL 34480					24043023			
	¥							
2. Principal Place of Business 6908 St. Howy Oak PT Po BOX 43								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004	Chg-P	CR2E034 (10/03)		
City & State	<u> </u>	City & State		4, FEI Number			plied For	
<u>ltomu</u>)SASSA	Homosassi		59-37540	000		Applicable	
34487	CITRUS	34487	CITRUS	5. Certificate of	Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and A	ddress of New R	egistered Agent		
HICKS, DA								
421 SOUTH PINES AVENUE OCALA, FL 34474-4175			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	Ú.	•				1 - 2 .		
			City			FL Zip Code		
8. The above the obligat	named entity submits this statement for ions of realistered agent.	the purpose of changing its re-	gistered office or reg	gistered agent, or both,	in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	i M A A ind title if applicable. (NOTE: R	KKE PON egistered Agent signature re	WERS PST	<u>p</u>	14/28/04 DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution.						·		
10.	OFFICERS AND	DIRECTORS	11.			CERS AND DIRECTORS	IN 11	
TITLE	PSTD POWERS, MAEK E	☐ Delete	TITLE	PSTD	11101 =	Change	☐ Addition	
NAME STREET ADDRESS	7387 S.E. 12TH CIRCLE		NAME STREET ADDRESS	ROWERS I	SILV OA	C PT.		
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	PSTD POWERS I 6908 S. H HOMOSASSA	FL	34487		
TITLE		☐ Defete	TITLE		,	Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP		- John C. J. F. J.		ra v ze roz	<u>.</u>	☐ Change	Addition	
		□ Delete	NAME	·• · £ / ·.		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME		د د ده کی مستخد	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	· 2 · 2 · .	- · · · · · · · · · · · · · · · · · · ·	<u>.</u> .	- Jan 1944 -	
CITY-ST-ZIP		د د ده کی مستخد	NAME	14 - 25 - 1 - 2		<u>.</u> .	- Jan 1944 -	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		د د ده کی مستخد	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			<u>.</u> .	- Jan 1944 -	
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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:

MARK E POWERS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR