

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006396

Entity Name: MARLEENICUS, INC.

FILED  
Feb 02, 2004  
Secretary of State

## Current Principal Place of Business:

1300 SHADOW LANE  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

1300 SHADOW LANE  
FORT MYERS, FL 33901

## New Mailing Address:

FEI Number: 04-3622888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, ERLEENE  
1300 SHADOW LANE  
FORT MYERS, FL 33901

## 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: PSD ( ) Delete  
Name: SANDERS, ERLEENE  
Address: 1300 SHADOW LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: TD ( ) Delete  
Name: WILTSHIRE, MARY C  
Address: 6417 MARK LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/S ( ) Change (X) Addition  
Name: SHOOK, RHONDA E  
Address: 3333 WEST RIVERSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: OFF ( ) Change (X) Addition  
Name: SHOOK, HANSEL  
Address: 3333 WEST RIVERSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: OFF ( ) Change (X) Addition  
Name: SANDERS, ANDREA L  
Address: 1300 SHADOW LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: OFFI ( ) Change (X) Addition  
Name: SHOOK, CHARLES  
Address: 3333 WEST RIVERSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33901

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: RHONDA E. SHOOK

VP/S

02/02/2004

Electronic Signature of Signing Officer or Director

Date