

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90001 045 ***150.00

DOCUMENT # P02000010716 1. Entity Name MARW ENTERPRISES, INC.					
Principal Place of Business 1824 SUZIE CT. E. ST. GEORGE ISLAND, FL 32328			Mailing Address PO BOX 555 EASTPOINT, FL 32328		
2. Principal Place of Business 308 Hwy 98		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State EASTPOINT, FL		City & State		4. FEI Number 71-0864415	
Zip 32328		Country Franklin		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DURRER, MARY ANN 1824 SUZIE CT. E. ST. GEORGE ISLAND, FL 32328			7. Name and Address of New Registered Agent Name Durrer, Mary Ann Street Address (P.O. Box Number is Not Acceptable) 199 N. BAYSHORE DR City EASTPOINT FL Zip Code 32328		
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 <u>Mary Ann Durrer</u> DATE <u>1/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, R. WAYNE 1824 SUZIE CT EAST EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, R. WAYNE 199 N. BAYSHORE DR EASTPOINT, FL 32328
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DURRER, MARY ANN 1824 SUZIE CT EAST EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DURRER, MARY ANN 199 N. BAYSHORE DR EASTPOINT, FL 32328
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DURRER, MARY ANN 1824 SUZIE CT EAST EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DURRER, MARY ANN 199 N. BAYSHORE DR EASTPOINT, FL 32328
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Mary Ann Durrer</u> <u>MARY ANN DURRER</u> <u>1/11/05</u> <u>850/653-7010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					