

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000021614

1. Entity Name
MARMUL SERVICES, INC.



**FILED
Apr 14, 2004 8:00 am
Secretary of State**

04-14-2004 90065 004 ***150.00

14002347



03192004 Chg-P CR2E034 (10/03)

Principal Place of Business
6049 ASHFORD LANE
SUITE 204
NAPLES, FL 34110
Mailing Address
ROBERT D. ROYSTON, JR.
P.O. DRAWER 60205
FORT MYERS, FL 33906

2. Principal Place of Business
1384 Areca Cove
Suite, Apt. #, etc.
Mailing Address
Suite, Apt. #, etc.

City & State
Naples, FL
Zip
34119 Country
USA
Mailing Address
City & State

6. Name and Address of Current Registered Agent
ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907
Name
Street Address (P.O. Box Number is Not Acceptable)
City

7. Name and Address of New Registered Agent
FL Zip Code

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

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** 9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MULLANEY, MARK M
6049 ASHFORD LANE SUITE 204
NAPLES, FL 34110
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1384 Areca Cove
Naples, FL 34119**
 Change Addition

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 MULLANEY* *3/26/04* *239-394 0015*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #