

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90037 020 ***150.00

DOCUMENT # P02000035872

1. Entity Name
WACHOWICZ - MARAN GROUP, INC.



Principal Place of Business

5133 Castello Drive
Suite #1
Naples, FL 34103

Mailing Address

5133 Castello Drive
Suite #1
Naples, FL 34103

54065031



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0414369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATON, KIM
MILLER AND ASSOCIATES, INC.
5133 Castello Drive
Suite #1
Naples, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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

7-21-04

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: VT
NAME: MARAN, MARK D
STREET ADDRESS: 493 Connors
CITY-ST-ZIP: NAPLES, FL 34108

TITLE: PS
NAME: WACHOWICZ, GERALD E
STREET ADDRESS: 2400 WINDWARD WAY
CITY-ST-ZIP: NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

MARIC D. MARAN
VICE PRESIDENT

7/21/04

239-777-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #