

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90277 040 \*\*\*150.00

**DOCUMENT # P02000037767**

1. Entity Name  
**MARNITA CORP.**



Principal Place of Business

**9211 DAYFLOWER DR  
TAMPA, FL 33647**

Mailing Address

**PO BOX 46175  
TAMPA, FL 33647**

**J4UJ4111**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0420024**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PLYE, TERRENCE F  
707 DEL WEBB LBVD WEST  
SUN CITY CENTER, FL 33573**

**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 \_\_\_\_\_

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	PSTD RAY, PAUL 928 DAYFLOWER DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, POWELL M III 8937 GARDEN RIDGE SAN ANTONIO, TX 78226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, ANITA 8937 GARDEN RIDGE SAN ANTONIO, TX 78226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLES, RALPH 1907 NE 188TH RD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, CHRISTOPHER 18317 BROOKPARK DR 9222 Mill Circle TAMPA, FL 33647
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:** Paul R. Ray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13, 2004 (813) 973-0766  
Date Daytime Phone #