

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037767

Entity Name: MARNITA CORP.

FILED  
Apr 22, 2005  
Secretary of State

## Current Principal Place of Business:

9211 DAYFLOWER DR  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 46175  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 03-0420024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PYLE, TERRENCE F  
707 DEL WEBB LBVD WEST  
SUN CITY CENTER, FL 33573 US

## 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: PSTD ( ) Delete  
Name: RAY, PAUL  
Address: 928 DAYFLOWER DR  
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete  
Name: SMITH, POWELL M III  
Address: 8937 GARDEN RIDGE  
City-St-Zip: SAN ANTONIO, TX 78226

Title: D ( ) Delete  
Name: SMITH, ANITA  
Address: 8937 GARDEN RIDGE  
City-St-Zip: SAN ANTONIO, TX 78226

Title: D ( ) Delete  
Name: BOLES, RALPH  
Address: 1907 NE 188TH RD  
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete  
Name: RAY, CHRISTOPHER  
Address: 9222 MILL CIR  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PAUL L. RAY

PSTD

04/22/2005

Electronic Signature of Signing Officer or Director

Date