

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90002 010 \*\*\*150.00

<b>DOCUMENT # P02000053999</b> 1. Entity Name <b>MARQUIS FINE HOMES, INC.</b>					
Principal Place of Business <b>628 ELLEN DRIVE WINTER PARK, FL 32789</b>			Mailing Address <b>628 ELLEN DRIVE WINTER PARK, FL 32789</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BREWER, DENNY H III 628 ELLEN DRIVE WINTER PARK, FL 32789</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWSTER, DENNY H III		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	733 WEST SMITH ST.		STREET ADDRESS	<b>628 ELLEN DRIVE</b>	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
TITLE	SD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILKEY, SHARON M		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	733 WEST SMITH ST.		STREET ADDRESS	<b>628 ELLEN DRIVE</b>	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAROON, WILLIAM S		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	733 WEST SMITH ST.		STREET ADDRESS	<b>628 ELLEN DRIVE</b>	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWSTER, DENNY H JR.		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	OVERLOOK DR., RT. 2 BOX 137		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TEN MILE, TN 37880		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>5/25/05</b> 4074057411		

00053484



05162005 Chg-P CR2E034 (10/03)

4. FEI Number **04-3665968** Applied For  
Not Applicable

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

**FL**

Zip Code