

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90171 006 \*\*\*150.00

**DOCUMENT # P02000077733**

1. Entity Name  
**MAKARIOS INVESTMENTS, INC.**



Principal Place of Business  
PO BOX 180772  
CASSELBERRY, FL 32718-0772

Mailing Address  
PO BOX 180772  
CASSELBERRY, FL 32718-0772

**94069091**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**51-0420393**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, THOMAS W**  
**1512 SOUTHWIND CT**  
**CASSELBERRY, FL 32707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **EDWARDS, LARRY N**  
STREET ADDRESS **1204 VILLAGE DR**  
CITY-ST-ZIP **ST JOSEPH, MO 64506**

TITLE **D** ☐ Change ☒ Addition  
NAME **Edwards, Elisa L.**  
STREET ADDRESS **1512 Southwind Ct.**  
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **D** ☐ Delete  
NAME **EDWARDS, THOMAS W**  
STREET ADDRESS **1512 SOUTHWIND CT**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **NOLD, PAUL**  
STREET ADDRESS **3407 SE MCQUEEN RD**  
CITY-ST-ZIP **ST JOSEPH, MO 64507**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Thomas W. Edwards Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 (407) 625-8949  
Date Daytime Phone #