

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90006 024 \*\*\*150.00  
 04-30-2004 90294 049 \*\*\*150.00

**DOCUMENT # P03000002889**

1. Entity Name  
**LA MARQUIS, INC.**

Principal Place of Business <del>18291 PALMDALE ROAD</del> <b>WEEKI WACHEE, FL 34614</b> <b>1227 Stover Ct.</b> <b>Holiday, FL 34691</b>		Mailing Address <del>18291 PALMDALE ROAD</del> <del>WEEKI WACHEE, FL 34614</del> <b>1227 Stover Ct.</b> <b>Holiday, FL 34691</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	

**24061652**



04212004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2309298</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MARQUIS, EDWARD W</b> <del>18284 PALMDALE ROAD</del> <b>1227 Stover Ct.</b> <del>WEEKI WACHEE, FL 34614</del> <b>Holiday, FL 34691</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARQUIS, EDWARD W</b> <del>18284 PALMDALE ROAD</del> <b>1227 Stover Ct.</b> <del>WEEKI WACHEE, FL 34614</del> <b>Holiday, FL 34691</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edward W. Marquis* **4/26/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #