


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90007 049 ***158.75

DOCUMENT # P03000002889	
1. Entity Name LA MARQUIS, INC.	

Principal Place of Business 1227 STOVER CT. HOLIDAY, FL 34691	Mailing Address 1227 STOVER CT. HOLIDAY, FL 34691
<i>9216 DUFFER CT Hudson FL 34667</i>	<i>9216 DUFFER CT Hudson FL 34667</i>

40006602



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

MARQUIS, EDWARD W
 1227 STOVER CT.
 HOLIDAY, FL 34691

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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, 2005 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	D MARQUIS, EDWARD W 1227 STOVER CT. HOLIDAY, FL 34691 <i>9216 DUFFER CT Hudson FL 34667</i>
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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)(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 another like empowered.

SIGNATURE: *Edward W. Marquis* Date: *1/19/05* Daytime Phone #: *972 919 9911*