

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90145 018 ***150.00

DOCUMENT # P03000003008					
1. Entity Name MARION & PARTNERS INC.					
Principal Place of Business 1329 DREW ST. APT. 2 CLEARWATER, FL 33755			Mailing Address 1329 DREW ST. APT. 2 CLEARWATER, FL 33755		
2. Principal Place of Business 4407 SAIL DR.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252005 Chg-P CR2E034 (10/03)	
City & State NEW PORT RICHEY, FL		City & State		4. FEI Number 01-0761340	
Zip 34652		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACHURA, MARIAN W 1329 DREW ST. APT. 2 CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name: MARIAN W. STACHURA Street Address (P.O. Box Number is Not Acceptable): 4407 SAIL DR. City: NEW PORT RICHEY FL Zip Code: 34652		
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: <i>[Signature]</i> MARIAN STACHURA REG. AGENT 3/04/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE P	NAME STACHURA, MARIAN W STREET ADDRESS 1329 DREW ST. APT. 2 CITY-ST-ZIP CLEARWATER, FL 33755				
TITLE V	NAME STACHURA, BARBARA STREET ADDRESS 1329 DREW ST. APT. 2 CITY-ST-ZIP CLEARWATER, FL 33755				
TITLE _____	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE _____	NAME 4407 SAIL DR. STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP _____				
TITLE _____	NAME 4407 SAIL DR. STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP _____				
TITLE _____	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____	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: <i>[Signature]</i> MARIAN STACHURA PRES. 3/04/05 727-815-3272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					