

Mar 14
Sec1

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000029019

1. Entity Name
MARIANNE LUONGO, INC.



Principal Place of Business
100 N OCEAN BLVD, STE 107
DELRAY BEACH, FL 33483

Mailing Address
100 N OCEAN BLVD, STE 107
DELRAY BEACH, FL 33483



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-2003908

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUONGO, MARIANNE
100 N OCEAN BLVD, STE 107
DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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

UN00000262433

03/14/05-80056-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUONGO, MARIANNE
100 N OCEAN BLVD, STE 107
DELRAY BEACH, FL 33483

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Daytime Phone #

561-436-6260