

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90091 035 ***150.00

DOCUMENT # P03000051743

1. Entity Name
MARBON PRODUCTS, INC.



Principal Place of Business
**1601-B HILL STREET
MANGONIA PARK, FL 33407**

Mailing Address
**1601-B HILL STREET
MANGONIA PARK, FL 33407**

2. Principal Place of Business
800 23rd Street
Suite, Apt. #, etc.

3. Mailing Address
PO Box 10295
Suite, Apt. #, etc.



01292005 Chg-P CR2E034 (10/03)

City & State
West Palm Bch, FL
Zip
33407 Country

City & State
Riviera Bch FL
Zip
33419 Country

4. FEI Number
56-2357764 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BONIESKI, EDWARD
1601-B HILL STREET
MANGONIA PARK, FL 33407**

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
NAME **BONIESKI, EDWARD**
STREET ADDRESS **1601-B HILL STREET**
CITY-ST-ZIP **MANGONIA PARK, FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **VICE President**
STREET ADDRESS **PAUL VASSALOTTI**
CITY-ST-ZIP **800 23rd St. West Palm Bch, FL 33407**

TITLE ☐ Change ☒ Addition
NAME **Secretary/Treasurer**
STREET ADDRESS **PAUL VASSALOTTI**
CITY-ST-ZIP **800 23rd St. West Palm Bch, FL 33407**

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

TITLE ☐ Change ☐ Addition
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #