


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90046 004 \*\*\*150.00

<b>DOCUMENT # P03000075385</b>																																																																																																																																			
<b>1. Entity Name</b> MARCO BEACH CHEVRON, INC.																																																																																																																																			
<b>Principal Place of Business</b> 1095 NORTH COLLIER BLVD MARCO ISLAND, FL 34145			<b>Mailing Address</b> 1095 NORTH COLLIER BLVD MARCO ISLAND, FL 34145																																																																																																																																
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.																																																																																																																																
<b>City &amp; State</b>			<b>City &amp; State</b>																																																																																																																																
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 56-2375228																																																																																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> KHAN, NOREEN 1095 NORTH COLLIER BLVD MARCO ISLAND, FL 34145			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																																																																
<b>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.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 20%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;">VPD CHAUDARY, QUDSIA</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1095 N. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b> <i>X G. M. Chaudhary (G. M. CHAUDHRY)</i> <i>(2-11-05)</i> <i>239-393-3411</i>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			