

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081111

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: MARCIA K. & ASSOCIATES, INC

**Current Principal Place of Business:**

3310 GOULD AVE  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

3310 GOULD AVE  
SEBRING, FL 33870 US

**New Mailing Address:**

FEI Number: 77-0614993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPPI, PENNY  
117 PLUMOSA AVE  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WRIGHT, MARCIA K  
Address: 3310 GOULD AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: VP ( ) Delete  
Name: HOFER, TERESA  
Address: 3311 GOULD AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: TRE ( ) Delete  
Name: WRIGHT, NANCY  
Address: 314 WHATLEY BLVD  
City-St-Zip: SEBRING, FL 33872 US

Title: SEC ( ) Delete  
Name: HICKS, JAMIE  
Address: 2308 HAWTHORNE DR  
City-St-Zip: SEBRING, FL 33870 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA WRIGHT

P

03/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date