

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 026 ***150.00

DOCUMENT # P03000114534

1. Entity Name

CUSTOM STONE & POOLS BY JENNY MARQUIS INC.



Principal Place of Business

928 CHOKECHERRY CT.
WINTERSPRINGS FL 32708

Mailing Address

928 CHOKECHERRY CT.
WINTERSPRINGS FL 32708

2. Principal Place of Business

441 DEER HUNT CIR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry E

City & State

—

Zip

32707

Country

seminole

Zip

—

Country

—

1st MOORE

CR2E034 (10/05)

4. FEI Number

03-0374520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUIS, JENNY T
928 CHOKECHERRY CT
WINTERSPRINGS FL 32708

7. Name and Address of New Registered Agent

Name *SAME as above*

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MARQUIS, JENNY T**
STREET ADDRESS **928 CHOKECHERRY CT**
CITY-ST-ZIP **WINTERSPRINGS FL 32708**

TITLE **VP** ☐ Delete
NAME **MARQUIS, JAMES M**
STREET ADDRESS **928 CHOKECHERRY CT**
CITY-ST-ZIP **WINTERSPRINGS FL 32708**

TITLE **OFFC** ☐ Delete
NAME **MERCADO, JOSE**
STREET ADDRESS **1636 E SANDPIPER TRAIL**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jenny T Marquis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-05 407924-4179