

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

05-03-2004 91031 023 150.00

P03000115960

DOCUMENT # P03000115960

1. Entity Name

MARQUETTE FINANCIAL, INC.



Principal Place of Business

7606 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

Mailing Address

7606 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUETTE, ZACHARY A
7606 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

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

Zachary A. Marquette

(NOTE: Registered Agent signature required when reinstating)

DATE

7-29-04

FILE NOW!!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME MARQUETTE, ZACHARY A
STREET ADDRESS 2819 BAY DRIVE
CITY-ST-ZIP BRADENTON FL 34207

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME MARQUETTE, THERESA M
STREET ADDRESS 2819 BAY DRIVE
CITY-ST-ZIP BRADENTON FL 34207

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 like empowered.

SIGNATURE

Theresa Marquette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04 812-7175

Date

Daytime Phone #

per Theresa Marquette 6/11/04 MRS