



05-03-2004 91031 023 --- 150.00
P03000115960

DOCUMENT # P03000115960						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Entity Name MARQUETTE FINANCIAL, INC.						04 JUN 11 AM 8:00 94082268			
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				MOORE CR2E034 (11/03) <i>MRI</i>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State				4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)						DATE <i>4-29-04</i>			
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		P <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MARQUETTE, ZACHARY A				NAME			
STREET ADDRESS		2819 BAY DRIVE				STREET ADDRESS			
CITY-ST-ZIP		BRADENTON FL 34207				CITY-ST-ZIP			
TITLE		VP <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MARQUETTE, THERESA M				NAME			
STREET ADDRESS		2819 BAY DRIVE				STREET ADDRESS			
CITY-ST-ZIP		BRADENTON FL 34207				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME						NAME			
STREET ADDRESS						STREET ADDRESS			
CITY-ST-ZIP						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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						DATE <i>4-29-04</i> 812-7175 Daytime Phone #			

per Teresa Marquette. 6/11/04 MRS