## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 19, 2005 08:00 AM DOCUMENT # P03000134426 **Secretary of State** 1. Entity Name DON MARDEN, INC. Principal Place of Business Mailing Address 6150 E. CO. HWY 20 PO BOX 1127 FREEPORT, FL 32439 FREEPORT, FL 32439 No Chg-P CR2E034 (10/03) 03122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2416866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARDEN, DONALD I DO NOT WRITE 6150 E. CO. HWY 20 FREEPORT, FL 32439 IN THIS SPACE 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. D TITS F MARDEN, DONALD ! NAME STREET ADDRESS 6150 E. CO. HWY 20 City - ST - ZIP FREEPORT, FL 32439 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-DP

SIGNING OFFICER OR DIRECTOR