


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90219 040 \*\*\*150.00

<b>DOCUMENT # P03000146626</b> 1. Entity Name <b>MARATHON RESORT MANAGEMENT, INC.</b>			
Principal Place of Business <b>100 S.E. SECOND STREET SUITE 3350 MIAMI, FL 33131-2127</b>		Mailing Address <b>100 S.E. SECOND STREET SUITE 3350 MIAMI, FL 33131-2127</b>	
2. Principal Place of Business <b>6805 OVERSEAS HWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 501267</b> Suite, Apt. #, etc.	
City & State <b>MARATHON, FL</b> Zip <b>33050</b> Country		City & State <b>MARATHON, FL</b> Zip <b>33050</b> Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALLISON, JOHN R III 100 S.E. SECOND STREET SUITE 3350 MIAMI, FL 33131-2127</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6803 OVERSEAS HIGHWAY</b> City <b>MARATHON</b> <b>FL</b> Zip Code <b>33050</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P SINGH, PRITAM 6805 OVERSEAS HIGHWAY MARATHON, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V REYNOLDS, TYLER 6805 OVERSEAS HIGHWAY MARATHON, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V HAGEL, NANCY 6805 OVERSEAS HIGHWAY MARATHON, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/T ROBERTS, JENNIFER 6805 OVERSEAS HIGHWAY MARATHON, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Jennifer Roberts Jennifer Roberts</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-19-04</b> Daytime Phone # <b>305-296-5601</b>	