

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90008 034 \*\*\*150.00

<b>DOCUMENT # P03000152235</b> 1. Entity Name <b>MARGARET M. CROKE, INC.</b>						
Principal Place of Business <b>1409 BELMONT PL</b> <b>BOYNTON BCH, FL 33436</b> <i>1668 E. Classical BLVD</i> <i>DeLray Beach, FL 33445</i>			Mailing Address <b>1409 BELMONT PL</b> <b>BOYNTON BCH, FL 33436</b>			
2. Principal Place of Business <b>1668 E. Classical BLVD</b>			3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____			
City & State <b>DeLray Beach, FL</b>			City & State _____			
Zip <b>33445</b>		Country <b>USA</b>		Zip _____		
Country <b>USA</b>		Zip _____		Country _____		
4. FEI Number <b>36-4546360</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CROKE, MARGARET M</b> <b>1409 BELMONT PL</b> <b>BOYNTON BCH, FL 33436</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____			
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 <u>MARGARET M. CROKE</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>			DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>CROKE, MARGARET</b> <b>1409 BELMONT PL</b> <b>BOYNTON BCH, FL 33436</b> <i>see above</i>			<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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.						
SIGNATURE: <u>MARGARET M. CROKE</u> <u>Margaret M. Croke</u> <u>5/24/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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