2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400003087						t in hi Limba Efirming			
1. Enlity Name E. MARSHALL ENTERPRISES INC.						O5 APR	26 P	H 3: 23	
Principal Place of Business 405 CROSSHAVEN WAY MCDONOUGH, GA 32312	5 CROSSHAVEN WAY		Y 312			TALLAH	MRY C ASSEE	FLORID	בן (
2. Principal Place of Business 267 John Knox Rd 267 John K				ol)					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 116 Suite 11			MENOX	<u> </u>	04262005	Chg-P	CR2E	034 (10/03)	
Cinya Spate		City & State		4. FEI Number		per	Applied For		
Zip 2 2 2 10 Co	Dyntry Lall	221212	Country	12 L	5. Certificate	of Status Desired		\$8.75 Add	
Sasial 6. Name and	Address of Current F	Registered Agent		<u> </u>	7. Name and	d Address of New	Registered	Fee Require Agent	<u> </u>
MARSHALL, ERIN 7120 TOWNER TRACE				Name Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32312			- Girect	officer Address (F.O. Box Number is Not Acceptable)					
							FI	Zip Cod	e
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 CONTROLL AGENT SIGNATURE CONTROLL AG									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	DIRECTORS Delete	11.	V. ?	ADDITIONS	/CHANGES TO O	FICERS AN	D DIRECTORS	S IN 11
NAME MARSHALL, E	MARSHALL, ERIN NAM			James E. Wilcox					
				Tal	lahass	ner Ira	2315 13315	ξ	
TITLE D NAME HILTON, JESS	D Delete TITLE NAME HILTON, JESSE 405 CROSSHAVEN WAY MCDONOUGH, GA 32312 TITLE NAME STREE CITY							☐ Change	☐ Addition
,				:					
TITLE	Delete TITLE			1		المراسعو وسرارات رسار		Change	☐ Addition
NAME NAME STREET ADDRESS STREET				:	04/2	00052 ?7/05010)2002	***200	.00
TITLE		□ Delete	CITY+ST-ZIP TITLE	-				☐ Change	Addition
NAME Street adoress			NAME Street address					_ •	_
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
TITLE NAME	Delete TITLE							Change	☐ Addition
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY-ST-ZIP	·					
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS						
12. I hereby certify that the info	rmation supplied with t upplemental report is t eiver or trustee empov	this filing does not qualify fo true and accurate and that r wered to execute this report	r the exemption st	Lated in Se have the s apter 607	ction 119.07(3) same legal effect, Florida Statute	(i), Florida Statutes of as if made unde es; and that my na	. I further ce r oath; that I me appears	ertify that the in am an officer in Block 10 or	aformation or director Block 11 if
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 of 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, will all other like empowered. SIGNATURE:									
	7 //	ngrall other like empowered	00 0	A	الممث	~ · ·	- 0	oil t	— ₍