


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90031 044 \*\*\*150.00

<b>DOCUMENT # P04000012451</b> 1. Entity Name <b>MARCUS FALLER PA</b>					
Principal Place of Business <b>733 WEST COLONIAL DRIVE ORLANDO FL 32804 US</b>			Mailing Address <b>733 WEST COLONIAL DRIVE ORLANDO FL 32804 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ENGLETT, MATTHEW 733 WEST COLONIAL DRIVE ORLANDO FL 32804</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
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's signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin: 10px;"> <b>MARCUS FALLER</b>  <b>P O BOX 954192</b>  <b>LAKE MARY FL 32795</b> </div>		
NAME	FALLER, MARCUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	210 VILLA DI ESTE TERRACE SUITE 104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY - ST - ZIP	LAKE MARY, FL. FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin: 10px;"> <b>MARCUS FALLER</b>  <b>P O BOX 954192</b>  <b>LAKE MARY FL 32795</b> </div>		
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STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Marcus Faller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					