

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025798

Entity Name: MARSTAN PROPERTIES, INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

3197 NE 272ND AVE  
OLD TOWN, FL 32680

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1535  
OLD TOWN, FL 32680

## New Mailing Address:

FEI Number: 38-3696818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCNEW, MARY ANN  
3197 NE 272ND AVE  
OLD TOWN, FL 32680 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: MCNEW, MARY ANN P  
Address: 3197 NE 272ND AVE  
City-St-Zip: OLD TOWN, FL 32680 US

Title: T/S ( ) Change (X) Addition  
Name: WEAVER, STANLEY M T/S  
Address: 253 NE 770TH ST.  
City-St-Zip: OLD TOWN, FL 32680 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY MARK WEAVER

T/S

04/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date