


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90085 030 \*\*\*158.75

<b>DOCUMENT # P04000056582</b> 1. Entity Name <b>MARCO RED/WHITE CORP.</b>					
Principal Place of Business <b>4012 YARDLEY AVE</b> <b>101</b> <b>SAINT PETERSBURG, FL 33713</b>			Mailing Address <b>4012 YARDLEY AVE</b> <b>101</b> <b>SAINT PETERSBURG, FL 33713</b>		
2. Principal Place of Business <b>3700 5TH Ave N</b> Suite, Apt. #, etc.		3. Mailing Address <b>5408 St James Dr</b> Suite, Apt. #, etc.			
City & State <b>St Petersburg, FL</b> Zip <b>33713</b>		City & State <b>New Port Richey, FL</b> Zip <b>34652</b>		4. FEI Number <b>80-0127848</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RUSIECKI, MAREK</b> <b>4012 YARDLEY AVE</b> <b>101</b> <b>SAINT PETERSBURG, FL 33713</b>				7. Name and Address of New Registered Agent Name <b>Kelly Drew</b> Street Address (P.O. Box Number is Not Acceptable) <b>5408 St James Drive</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</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 <u>Kelly L Drew</u> <u>Kelly Drew, Accountant</u> <u>4-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RUSIECKI, MAREK</b> <b>4012 YARDLEY AVE</b> <b>SAINT PETERSBURG, FL 33713</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Marek Rusiecki</b> <b>3700 5TH Ave N</b> <b>St Petersburg, FL 33713</b>	<input type="checkbox"/> Change <input checked="" 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
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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.					
SIGNATURE: <u>Marek Rusiecki</u> <u>Marek Rusiecki</u> <u>4-29-05</u> <u>(727) 816-8847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					