

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067074

FILED
Jan 26, 2005
Secretary of State

Entity Name: MARMATT SERVICES & SOLUTIONS, INC.

Current Principal Place of Business:

3050 BARCO DE VILLA
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

3050 BARCO DE VILLA
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIG, ALISSA
575 B BEAL PARKWAY
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

BURKHARDT, MARK
3050 BARCO DE VILLA
NAVARRE, FL 32566 US

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: MARK BURKHARDT

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKHARDT, MARK L
Address: 3050 BARCO DE VILLA
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: KOENIG, MATTHEW A
Address: 5574 MILLBEND PLACE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: SEC () Delete
Name: BURKHARDT, ADRIENNE
Address: 3050 BARCO DE VILLA
City-St-Zip: NAVARRE, FL 32566 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BURKHARDT, BURKE L
Address: 6592 CODELL
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC (X) Change () Addition
Name: BURKHARDT, SHELLY
Address: 6592 CODELL
City-St-Zip: NAVARRE, FL 32566 US

Title: TREA () Change (X) Addition
Name: BURKHARDT, ADRIENNE
Address: 3050 BARCO DE VILLA
City-St-Zip: NAVARRE, FL 32566 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: MARK BURKHARDT

PRES

01/26/2005

Electronic Signature of Signing Officer or Director

Date