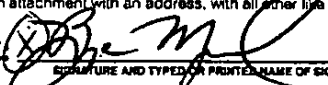


FILED
Mar 17, 2005 8:00 am
Secretary of State

02-02-2005 90034 003 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000107737					
1. Entity Name MARRIOTT CONTRACTING SERVICES, INC.					
Principal Place of Business 1123 NW 192ND AVENUE GAINESVILLE, FL 32609-6208			Mailing Address 1123 NW 192ND AVENUE GAINESVILLE, FL 32609-6208		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 57-1209188				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
MARRIOTT, BRYAN 1123 NW 192ND AVENUE GAINESVILLE, FL 32609-6208					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL 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 signature required when renewing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D ☐ Delete				
NAME	SINNER, PHILIP D				
STREET ADDRESS	116 SE US HIGHWAY 301				
CITY- ST- ZIP	HAWTHORNE, FL 32640				
TITLE	D ☒ Delete				
NAME	PERSINGER, DANNY				
STREET ADDRESS	1804 SE 39TH PLACE				
CITY- ST- ZIP	GAINESVILLE, FL 32641				
TITLE	D ☒ Delete				
NAME	JARVEY, RODNEY				
STREET ADDRESS	8010 HIGHWAY 301				
CITY- ST- ZIP	HAWTHORNE, FL 32640				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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 life empowered.					
SIGNATURE  Bryan Marriott, Pres. (X) 1-26-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					