

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 002 ***150.00

DOCUMENT # P04000119777

1. Entity Name

MARCO UPHOLSTERY, INC.



Principal Place of Business

229 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34145

Mailing Address

229 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34145



2. Principal Place of Business

919 N COLLIER BLVD

Suite, Apt. #, etc.

3. Mailing Address

919 N COLLIER BLVD.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

MARCO ISLAND FL

Zip
34145

Country
USA

City & State

MARCO ISLAND FL

Zip
34145

Country
USA

4. FEI Number

81-0656263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSTROW, STEPHEN R ESQ.
229 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name MICHAEL J SKRZYNSKI

Street Address (P.O. Box Number is Not Acceptable)
919 N COLLIER BLVD.

City MARCO IS. FL

FL

Zip Code 34145

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT ☐ Change ☒ Addition
NAME MICHAEL J. SKRZYNSKI
STREET ADDRESS 641 W BLKCAM CR
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE SECRETARY ☐ Change ☒ Addition
NAME LAURA ADAMS
STREET ADDRESS 113 GREENVIEW ST
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE TREASURER ☐ Change ☒ Addition
NAME MICHAEL J. SKRZYNSKI
STREET ADDRESS 2101 SAGEBRUSH DR.
CITY-ST-ZIP FLOWER MOUND TX 75028

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 like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

239 272 3364

Date

Daytime Phone #