

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 017 ***150.00

DOCUMENT # P04000138661

1. Entity Name

KRAIG D. MARQUIS, P.A.



Principal Place of Business

439 PRATHER DRIVE
FORT MYERS FL 33919
US

Mailing Address

439 PRATHER DRIVE
FORT MYERS FL 33919
US



2. Principal Place of Business

12215 Siesta Dr.
Suite, Apt. #, etc.

3. Mailing Address

12215 Siesta Dr.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers Beach, FL

City & State

Fort Myers Beach, FL

4. FEI Number

20-1714443

Applied For

Not Applicable

Zip

33931

Country

US

Zip

33931

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUIS, KRAIG D
439 PRATHER DRIVE
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Kraig D. Marquis

Street Address (P.O. Box Number is Not Acceptable)

12215 Siesta Dr.

City

Fort Myers Beach

FL

Zip Code

33931

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

Kraig D. Marquis

Kraig Marquis

2/9/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 PVST ☐ Delete
NAME MARQUIS, KRAIG D
STREET ADDRESS 439 PRATHER DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 12215 Siesta Dr.
CITY-ST-ZIP Fort Myers Beach, FL 33931

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

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 exemptions contained in Section 119, 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:

Kraig Marquis

Kraig Marquis

2/9/06

239-405-0908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #