


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90182 019 ***150.00

DOCUMENT # P04000167616	
1. Entity Name THE MARR TEAM, INC.	

Principal Place of Business 7400 SPRING HILL DRIVE STE 109 SPRING HILL, FL 34606	Mailing Address 7400 SPRING HILL DRIVE STE 109 SPRING HILL, FL 34606
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50044824



2. Principal Place of Business 2192 DANWOOD DR Suite, Apt. #, etc.	3. Mailing Address 2192 DANWOOD DR Suite, Apt. #, etc.
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04212005 Chg-P CR2E034 (10/03)

City & State SPRING HILL FL	City & State SPRING HILL FL
Zip 34606	Zip 34606

4. FEI Number 20-2024025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARR, MONICA M 7400 SPRING HILL DRIVE STE 109 SPRING HILL, FL 34606	7. Name and Address of New Registered Agent Name MONICA M MARR Street Address (P.O. Box Number is Not Acceptable) 2192 DANWOOD DR City SPRING HILL FL Zip Code 34606
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MARR, MONICA M 7400 SPRING HILL DRIVE STE 109 SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2192 DANWOOD DR SPRING HILL FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARR, EDWARD L 7400 SPRING HILL DRIVE STE 109 SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2192 DANWOOD DR SPRING HILL FL 34606
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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
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
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: Monica M MARR - President MONICA M MARR 4/27/05 352-597-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #