


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90034 041 \*\*\*150.00

<b>DOCUMENT # P06000043331</b> 1. Entity Name <b>MARQUS TRANSPORT INC</b>					
Principal Place of Business <b>182 LOCUST RD OCALA, FL 34472</b>			Mailing Address <b>182 LOCUST RD OCALA, FL 34472</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>30-0370420</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARQUIS, JOEY 182 LOCUST RD OCALA, FL 34472</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>MARQUIS, PIERRE</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>182 LOCUST RD</b>	CITY-ST-ZIP <b>OCALA, FL 34472</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>MARQUIS, JULIE</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>182 LOCUST RD</b>	CITY-ST-ZIP <b>OCALA, FL 34472</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>SEC</b>	NAME <b>MARQUIS, JOEY</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>182 LOCUST RD</b>	CITY-ST-ZIP <b>OCALA, FL 34472</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
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 exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>Pierre Marquis</u> <b>PIERRE MARQUIS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	