



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90023 006 \*\*\*150.00

<b>DOCUMENT # P93000065400</b> 1. Entity Name <b>MARMAN CORP.</b>							
Principal Place of Business <b>27456 U.S. ONE SOUTH</b> <b>SAINT AUGUSTINE, FL 32086 US</b>				Mailing Address <b>P.O. BOX 860358</b> <b>ST. AUGUSTINE, FL 32086-0358 US</b>			
2. Principal Place of Business <b>25 AVISTA CIRCLE</b>		3. Mailing Address <b>25 AVISTA CIRCLE</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>ST. AUGUSTINE FL</b>		City & State <b>ST. AUGUSTINE FL</b>					
Zip <b>32080-3806</b>		Country <b>USA</b>		4. FEI Number <b>59-3199671</b>			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03012004    Chg-P    CR2E034 (10/03)			
6. Name and Address of Current Registered Agent <b>SCHOEDER, MARY OTTO</b> <b>25 AVISTA CIRCLE</b> <b>SAINT AUGUSTINE, FL 32080-3806</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 <u>Mary Otto Schroeder</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PT SCHROEDER, MANFRED F 25 AVISTA CIRCLE ST AUGUSTINE, FL 32080			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHROEDER, MARY OTTO 25 AVISTA CIRCLE SAINT AUGUSTINE, FL 320803806			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete			
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 <u>Mary Otto Schroeder</u> 3/1/04    904/824-1333			