


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90043 048 \*\*\*150.00

<b>DOCUMENT # P94000018801</b>	
1. Entity Name <b>EFM GROUP, INC.</b>	

Principal Place of Business <b>5925 NW 95TH WAY GAINESVILLE, FL 32653 US</b>	Mailing Address <b>5925 NW 95TH WAY GAINESVILLE, FL 32653 US</b>
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**DO NOT WRITE IN THIS SPACE**

02062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3227422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MARQUEZ, GERARDO L  
5925 NW 95THWAY  
GAINESVILLE, FL 32653**

**DO NOT WRITE IN THIS SPACE**

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)

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS

TITLE <b>DPT</b>	NAME <b>MARQUEZ, GERARDO L</b>
STREET ADDRESS <b>5925 NW 95TH WAY</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32653</b>
TITLE <b>Vice-President</b>	NAME <b>Grant T. Raudenbush</b>
STREET ADDRESS <b>4730 N.E. 4th Place</b>	CITY-ST-ZIP <b>Gainesville, FL 32641</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/6/05** Daytime Phone # \_\_\_\_\_