2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000038273 1. Entity Name



Principal Place of Business

GARY L. MARR, C.P.A., P.A.

2925 WEST SR 434

STE 101 LONGWOOD, FL 32779

Mailing Address

2925 W SR 434

STE 101

LONGWOOD, FL 32779

FILED Jan 09, 2004 08:00 AM Secretary of State



DO	NOT	WRITE	IN THIS	S SPACE
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6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (10/03) 01052004 Applied For 4. FEI Number 59-3244851

Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

MARR, GARY L 224 W. COTTESMORE CIR. LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE				
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Flo	rida. I am familiar with, and a	cept
SIGNATURE.				· • • • • • • • • • • • • • • • • • • •		<u>, , , , , , , , , , , , , , , , , , , </u>	
	Signature, typed or printed name of registered agent and this	if applicable (NOTE Registered	Agent signature	required when reinstating)		DATE	<u> 1.15</u>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARR, GARY L 2925 W SR 434 SUITE 101 LONGWOOD, FL 32779						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	0000000 01/12/04-8)01592 30016-022 150.00	
TITLE NAME STREET ADDRESS C(TY-ST-Z(P)				DO	NOT W	RITE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TRILE NAME STREET ADDRESS CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e		14 SE		14₹ <i>51.</i>	
12. I hereby	certify that the information supplied with this fi	iling does not qualify for the exer	notion state	d in Section 119.07(3)	(i), Fiorida Statutes, i	further certify that the informa	tion

indicated on this report or supplied with mis ming does not quality 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-788-1228