

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060793

Entity Name: MARJILL, INCORPORATED

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET
SUITE 303
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

1 NORTHFIELD NURSERY RD
LOUGHTON, ESSEX, UK ig104ed US

New Mailing Address:

1 NORTHFIELD NURSERY RD
LOUGHTON, ESSEX, UK IG104ED US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABA, RICHARD D.
2033 MAIN STREET
SUITE 303
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OLIVER, MARK A
Address: 1 NORTHFIELD NURSERY ROAD
City-St-Zip: LOUGHTON, ESSEX ENGLAND1G104, OC

Title: D () Delete
Name: OLIVER, JILL
Address: 1 NORTHFIELD NURSERY ROAD
City-St-Zip: LOUGHTON, ESSEX ENGLAND1G104, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A OLIVER

MR

01/07/2004

Electronic Signature of Signing Officer or Director

Date