2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # P95000034594 1. Entity Name					Feb 08, 2005 08:00 AN Secretary90f\state
MARCOE	BAY, INC.		•		
Principal Plac	ce of Business	Mailing Address		.,	, , , , , , , , , , , , , , , , , , , ,
116 S. KEN LAKELAND US	ITUCKY AVE FL 93801	116 S. KENTUCKY AV LAKELAND FL 33801 US	Ē		רספון לו נספינולה ווואס מוואש ונסטוע אנגו ספוסם ונגשש ווואש ווועס ווועס אוואס אווו נספינוסטוו ו
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	•		1st MOORE CR2E034 (10/04)
City & Sta	te	City & State			4. FEI Number 59-3316238 Applied For Not Applicable
Zìp	Country	Z ip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent
DIRITIDO MADICA				Name	
PHILLIPS, MARK A. 116 S. KENTUCKY AVE LAKELAND FL 33801				Street Address	(PO Box Number is Not Acceptable)
		!		City	r∎ Zip Code
				{	FL The state of
	e named entity submits this statement i tlons of registered agent.	or the purpose of changing its	register	ed office or régiste	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable '(NOTE	Registere	d Agent signature require	d when reinstaling) DATE
After	TILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of		•	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE	VDS	☐ Delete	1111	t t	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	COWPERTHWAITE, STEVE S 116 S. KENTUCKY AVE LAKELAND FL	} -		FET ADDRESS	020000215275 \ 020000000000000000000000000000000000
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NAME STREET ADDRESS	BAYLESS, HOWARD	:	NAM	IF EET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	-1		-31-ZIP	U00000219135
hitt	VDT	☐ Delete	· IIII	Ē	Thange Addition
NAME	PHILLIPS, MARK	•	NAM		
STREET ADDRESS CITY-ST-ZIP	116 S. KENTUCKY AVE LAKELAND FL	· •		EFFADDRÉSS Est-Zip	
THE	EARELAND FL	☐ Delete	ודון		☐ Change ☐ Addition
NAME		Li Dolotti	NAM	· /	
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I TITLE NAME	}	☐ Delete	TITE NAM		☐ Change ☐ Addition
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NAME		Γ ; ί	NAM CIBI		
CITY ST-ZIP			1	TET ADDRESS TEST - ZIP	
	certify that the information supplied wit	h this filing does not quality for			ection 119 07(3)(i), Florida Statutes. I further certify that the information
indicated of the col changed	d on this report or supplemental report rporation or the receiver or trustee emp l, or on an attachment with an address,	is true and accurate and that movered to execute this report is with all other like empowered.	ny signa as requi	ture shall have the ired by Chapter 60'	ection 119 07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE AND STEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HILL LIPS

Daytone Phone #

SIGNATURE: