


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000088508**

1. Entity Name  
PAT MARVIN CONTRACTING, INC.



Principal Place of Business      Mailing Address

8263 COMMERCIAL WAY      8263 COMMERCIAL WAY  
BROOKSVILLE, FL 34613      BROOKSVILLE, FL 34613



02212005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3352768	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARVIN, CHERYL A  
12345 PINE CONE STREET  
BROOKSVILLE, FL 34613

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARVIN, PATRICK W 12345 PINE CONE ST BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARVIN, CHERYLE A 12345 PINE CONE STREET BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARVIN, BRYAN P 12345 PINE CONE STREET BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000241928  
02/24/05-80061-025 150.00

U00000241928  
02/24/05-80061-026 8.75

**DO NOT WRITE  
IN THIS SPACE**

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: Cheryl A. Marvin      2/22/05 (352) 596-7807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #