2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000045959

1. Entity Name
MARVIN CRIDER ARCHITECT, INC.



FILED Mar 31, 2004 8:00 am Secretary of State

03-31-2004 90006 031 ***150.00

Principal Plac	e of Business	Mailing Address		!		I				
500 ARDICE AVENUE EUSTIS, FL 32726		PO BOX 650 EUSTIS, FL 32727-0650 US					54	0245	20	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			03132004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	City & State			4. FEI Number 59-3383	811			pplied F
Zip	Country Zip		Cou	ntry		5. Certificate o	f Status Desired		\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent				7. Name and A	ddress of New F	Registered .	Agent	***************************************
	MARVIN JR. CE AVENUE L 32726			Name Street Ac	ddress (P.O. Box Number	is Not Acceptable	e)		
				City				FL	Zip Cod	le
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of cha	nging its registe	red office or	registe	red agent, or both	, in the State of Flo	orida. Lam	tamiliar with,	and acc
DIOMATHIDE										
SIGNATURE.	Signature, typed or printed name of registered ager	s and tide it applicable.	(NOTE Register	ed Agent signatu	ure required	i when reinstating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	.00 Trust Fi	n Campaign Fina und Contribution		\$5 Add	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS De	11		D	ADDITIONS/C	HANGES TO OFF	ICERS AND		IS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	CRIDER, MARVIN JR. 500 ARDICE AVENUE EUSTIS, FL 32726	Li De	NA Sπ		D				☐ Change	€ ⊾ AC
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12. Thereby 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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CIGNATURE.

DATE: 3/25/09