

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000076318

1. Entity Name
A SHEAR HAPPENING BY MARCY & CO., INC.



Principal Place of Business
**9570 GRIFFIN ROAD
COOPER CITY, FL 33328**

Mailing Address
**8815 "B" SW 21ST ST
BOCA RATON, FL 33433 US**



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0694217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAITIEKUNAS, ALICIA B
8815 B SW 21ST ST.
BOCA RATON, FL 33433**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	VAITIEKUNAS, ALICIA B
STREET ADDRESS	8815 NB SW 21ST ST.
CITY-STATE-ZIP	BOCA RATON, FL 33433
TITLE	VD
NAME	VAITIEKUNAS, ALICIA B
STREET ADDRESS	8815B SW 21ST STREET
CITY-STATE-ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	VAITIEKUNAS, CARLOS
STREET ADDRESS	8815 B SW 21ST ST
CITY-STATE-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000338549
04/28/05-80037-021 150.00

**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)(f), 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 and authorized 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, name, or title like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS VAITIEKUNAS, T

4/23/05 561-488-4877

Date

Daytime Phone #