

#150

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

DOCUMENT # P96000101779

1. Entity Name
4150 WAREHOUSE MANAGEMENT, INC.



Principal Place of Business
5603 CHUMUCKLA HIGHWAY
PACE, FL 32571

Mailing Address
PO BOX 3622
MILTON, FL 32572 US



04212004 No Chg-P CR2E034 (10/03)

MRD

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3419602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARCUS, HAROLD E JR
5603 CHUMUCKLA HIGHWAY
PACE, FL 32571

**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

600037436916

06/01/04--01018--001 **1352.50

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
P
MARCUS, HAROLD E JR
5603 CHUMUCKLA HIGHWAY
PACE, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
POLLAK, LEWIS BEAR SR
6730 N EPPING FOREST WAY #107
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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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:

Harold E. Marcus, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD E. MARCUS, JR

4/24/04

Date

850/623-1202

Daytime Phone #