2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000086096

1. Entity Name

MARQUIS MORTGAGE, INC.

Principal Place of Business	Mailing Address
6316 SAN JUAN AVE STE 12 JACKSONVILLE, FL 32210 US	6316 SAN JUAN AVE STE 12 JACKSONVILLE, FL 32210 US

24061839

04242004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3471990	Not Applicable

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

6. Name and Address of Current Registered Agent

ISAACS, KIM D
9857 CRESSWELL LN N
JACKSONVILLE, FL 32221

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, 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	PT
NAME	ISAACS, GERALD D
STREET ADDRESS	7857 CRESSWELL LN N
CITY-ST-ZIP	JACKSONVILLE, FL 32221

TITLE	VS
NAME	ISAACS, KIM D
STREET ADDRESS	9857 CRESSWELL LN N
CITY-ST-ZIP	JACKSONVILLE, FL 32221

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _X_____ GERALD ISAACS 4/28/04 904-786-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #