

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90031 045 ***150.00

DOCUMENT # P97000086096					
1. Entity Name MARQUIS MORTGAGE, INC.					
Principal Place of Business 6316 SAN JUAN AVE STE 12 JACKSONVILLE, FL 32210 US			Mailing Address 6316 SAN JUAN AVE STE 12 JACKSONVILLE, FL 32210 US		
2. Principal Place of Business 6316 SAN JUAN AVE STE 3 JACKSONVILLE, FL 32210 US		3. Mailing Address 6316 SAN JUAN AVE STE 3 JACKSONVILLE, FL 32210 US			
Suite, Apt. #, etc. STE 3		Suite, Apt. #, etc. STE 3		04052005 Chg-P CR2E034 (10/03)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3471990	
Zip 32210		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAACS, KIM D 9857 CRESSWELL LN N JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name: <u>Kim D Isaacs</u> Street Address (P.O. Box Number is Not Acceptable): <u>10217 MANORVILLE DR.</u> City: <u>JACKSONVILLE</u> FL Zip Code: <u>32221</u>		
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: <u>Kim D Isaacs</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>04/2/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ISAACS, GERALD D 7857 CRESSWELL LN N JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ISAACS, GERALD D 10217 MANORVILLE DR. JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ISAACS, KIM D 9857 CRESSWELL LN N JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ISAACS, KIM D 10217 MANORVILLE DR. JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Herald Isaacs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/3/05</u> DAYTIME PHONE #: <u>904-786-1818</u>		