


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000092250
1. Entity Name
MARFLO CORPORATION



Principal Place of Business: 6507 107TH TERRACE NORTH, PINELLAS PARK, FL 33782
Mailing Address: 6507 107TH TERRACE NORTH, PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3475237 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, WALLACE M
6507 107TH TERRACE NORTH
PINELLAS PARK, FL 33782

**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P
NAME	WEST, WALLACE M
STREET ADDRESS	6507 107TH TERR N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	D
NAME	BAKER, EDWARD
STREET ADDRESS	53-42 196TH ST
CITY-ST-ZIP	FLUSHING, NY 11365
TITLE	D
NAME	SHELENG, ALBERT
STREET ADDRESS	52-54 62ND ST
CITY-ST-ZIP	MASPETH, NY 11378
TITLE	D
NAME	SHELENG, RICHARD
STREET ADDRESS	899 DEL GANADO RD
CITY-ST-ZIP	SA RAFAEL, CA 94903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/10/05-80033-020 150.00

**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 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: Wallace M. West 01-09-05 (727) 541-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #