

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90016 025 \*\*\*150.00

DOCUMENT # P98000035759

1. Entity Name  
 MARVIN INVESTMENT CORPORATION



Principal Place of Business  
 1661 GORDON RIVER LN  
 NAPLES, FL 34104 US

Mailing Address  
 1661 GORDON RIVER LN  
 NAPLES, FL 34104 US

24005526



2. Principal Place of Business  
 455 Cove Tower Dr.  
 Suite, Apt. #, etc.  
 1103

3. Mailing Address  
 455 Cove Tower Dr.  
 Suite, Apt. #, etc.  
 1103

01162004 Chg-P CR2E034 (10/03)

City & State  
~~Naples, FL~~ Naples, FL

4. FEI Number  
 59-3518410

Applied For  
 Not Applicable

Zip Country Zip Country  
 34110 US 34110 US

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

6. Name and Address of Current Registered Agent  
 MARVIN, WILLIAM  
 1661 GORDON RIVER LN  
 NAPLES, FL 34104

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 455 Cove Tower Dr. Ste. 1103  
 City Naples FL Zip Code 34110

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: *William E. Marvin* DATE: 2/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARVIN, WILLIAM 1661 GORDON RIVER LN NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marvin, William 455 Cove Tower Dr. Ste. 1103 Naples, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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)(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: *William E. Marvin* DATE: 2/26/04 DAYTIME PHONE: 239.403.9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #