

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90101 046 ***150.00

DOCUMENT # P98000102612

1. Entity Name
MARLENE E. THORPE, INC.



Principal Place of Business
**107 E LADY LAKE BLVD
LADY LAKE, FL 32159**

Mailing Address
**107 E LADY LAKE BLVD
LADY LAKE, FL 32159**

50057452



2. Principal Place of Business
748 S. Hwy 441

3. Mailing Address
748 S. Hwy 441

07142005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3547440

Applied For

Not Applicable

City & State
Lady Lake, FL

City & State
Lady Lake, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32159

Country

Zip
32159

Country

6. Name and Address of Current Registered Agent

**TAYLOR, L E
5727 W COUNTY RD 462
WILDWOOD, FL 34785**

7. Name and Address of New Registered Agent

Name **Marlene E. Thorpe**

Street Address (P.O. Box Number is Not Acceptable)
973 Belle Oak Drive

City **Leesburg**

FL

Zip Code
34748

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

7/15/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **THORPE, MARLENE E**
STREET ADDRESS **5727 W CT RD 462**
CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE **S** ☐ Delete
NAME **BROWN, JEAN**
STREET ADDRESS **1717 HILTON HEAD RD**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **T** ☐ Delete
NAME **HAGGARD, JESSICA**
STREET ADDRESS **68521 GROVE VIEW AVE**
CITY-ST-ZIP **LADY LAKE, FL 32159+**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **973 Belle Oak Drive**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Marlene E Thorpe** **MARLENE THORPE**

7/15/05 750-0848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #