## 2004 FOR PROFIT CORPORATION

**FILED** May 03, 2004 08:00 AM

ANNUAL REPORT					Secretary of State			
DOCUMENT # P99000011372  1. Entity Name MARSH, CURINGTON AND COMPANY, INC.					36	CI TLAI	y of State	
Principal Plac 725 N. HWY. JUPITER, FL	A1A, SUITE C-211	Mailing Address 725 N. HWY. A1A, SUITE C-211 JUPITER, FL 33477						
DO NOT WRITE IN THIS SP			CE	04072004 No Chg-P CR2E034 (10/03)  4. FEI Number				
6. Name and Address of Current Registered Agent  MARSH, RENEE 725 N. HWY. A1A, SUITE C-211  JUPITER, FL 33477			DO NOT WRITE IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the ions of registered agent.  Signature typed or printed name of registered agent and to		ed office or register		n, in the State of Flor	ida I am fai	niliar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5. Trust Fund Contribution.  Adde		.00 May Be ed to Fees	<u> </u>	146139		
10.  TITLE NAME SIREET ADDRESS CITY-SI-ZIP  TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIR PCEO CURINGTON, NORM 725 N. HWY. AIA SUITE C-211 JUPITER, FL 33477 STC MARSH, RENEE 725 N. HWY. AIA SUITE C-211 JUPITER, FL 33477	ECTORS				<del>80055-</del> I	<del>023 150.00</del>	
DILE								

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section (19.07(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 off an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CHARLES REPORTED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR