

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026741

FILED
Feb 05, 2005
Secretary of State

Entity Name: MARION CITY INVESTMENT CORPORATION

Current Principal Place of Business:

POST OFFICE BOX 1104
BROOKSVILLE, FL 346051104

New Principal Place of Business:

421 WEST JEFFERSON STREET
BROOKSVILLE, FL 34601

Current Mailing Address:

POST OFFICE BOX 1104
BROOKSVILLE, FL 346051104

New Mailing Address:

FEI Number: 59-3605196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIBER, SAM I
601 EAST TWIGGS STREET
SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BICKELL, TERRY
Address: 421 W JEFFERSON ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP () Delete
Name: SCHRAUT, GARY E
Address: 9860 DOMINGO DR
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY E. SCHRAUT

VP

02/05/2005

Electronic Signature of Signing Officer or Director

Date