


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000048295	
1. Entity Name MARSHALL RITCHIE, INC.	

Principal Place of Business 6566 PATRICIA DR WEST PALM BEACH, FL 33413	Mailing Address P.O. BOX 17366 WEST PALM BEACH, FL 33416
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 48-1257325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HIEBER, BETH
6566 PATRICIA DR
WEST PALM BEACH, FL 33413**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

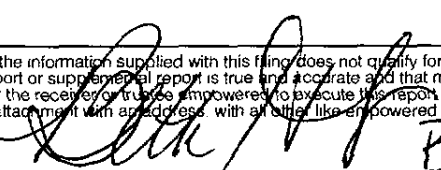
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000141560 04/30/04-80016-010-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS HIEBER, BETH 6566 PATRICIA DR WEST PALM BEACH, FL 33413
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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)(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:  **Beth Heiber** **4-28-04** **(561) 896-930**

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