


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90405 003 ***150.00

DOCUMENT # P99000058507	
1. Entity Name MARLEE MANUFACTURING CO., INC.	

Principal Place of Business 13471 CHAMBORD ST BROOKSVILLE, FL 34613	Mailing Address 13471 CHAMBORD ST BROOKSVILLE, FL 34613
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94078448

2. Principal Place of Business 15311 Flight Path Dr.	3. Mailing Address 15311 Flight Path Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brooksville FL	City & State Brooksville FL
Zip 34604-6862	Zip 34604-6862
Country U.S.	Country U.S.



01272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3585455	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEERS, LEE 13471 CHAMBORD ST. BROOKSVILLE, FL 34613	7. Name and Address of New Registered Agent Name Beers, Lee Street Address (P.O. Box Number is Not Acceptable) 15311 Flight Path Dr. City Brooksville FL Zip Code 34604
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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 _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEERS, LEE 11060 AUBURNDALE ST BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spring Hill, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN NOSTRAND, EUGENE 2530 WHITEWOOD AVE BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spring Hill, FL 34609
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
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
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
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)(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: 	4/27/04 (352) 744-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #