## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 04, 2005 08:00-AM **DOCUMENT # P99000094334 Secretary of State** MARSHA DOLL MODELS & PROMOTIONS, INC. Principal Place of Business Mailing Address 2131 ORLEANS DR. 2131 ORLEANS DR. TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 01282005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3614744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAULKENBERRY, MARSHA DOLL DO NOT WRITE 2131 ORLEANS DR. TALLAHASSEE, FL 32308 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 Signature, typed or printed name of registered agent and tale it applicable (NOTE Registered Agent signature regulard when relating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ME FAULKENBERRY, MARSHA DOLL NAME UUUUUU214939 2131 ORLEANS DR. STREET ADDRESS 02/04/05-80033-011 150.00 CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 177LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DITY-ST-ZIP

MARSHA DOIL FAULKENDERRY