

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90198 049 ***150.00

DOCUMENT # P99000098347

1. Entity Name :
MARLENE CRUZ MORATO, CPA, P.A.



Principal Place of Business
**17 SHIPS WAY
BIG PINE KEY, FL 33043**

Mailing Address
**17 SHIPS WAY
BIG PINE KEY, FL 33043**



2. Principal Place of Business

3. Mailing Address

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0958914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUZ MORATO, MARLENE
369 70TH STREET GULF
MARATHON, FL 33050**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MORATO, MARLENE C
17 SHIPS WAY
BIG PINE KEY, FL 33043** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SIPES, JOANN
17 SHIPS WAY
BIG PINE KEY, FL 33043** ☐ Delete

TITLE
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TITLE
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CITY - ST - ZIP
**V
BUSCH, EDWARD F
5800 OVERSEAS HWY., STE. 6
MARATHON, FL 33050** ☒ Delete

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

305-872-3200

Daytime Phone #