


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90047 030 ***150.00

DOCUMENT # P99000106379	
1. Entity Name MARVIN MOTOR, INC.	

Principal Place of Business 808 FLORIDA ROCK ROAD ORLANDO FL 32824	Mailing Address 808 FLORIDA ROCK ROAD ORLANDO FL 32824
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3616327		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 RAMOS, MARVIN A 808 FLORIDA ROCK ROAD ORLANDO FL 32824		7. Name and Address of New Registered Agent 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D RAMOS, MARVIN A 808 FLORIDA ROCK ROAD ORLANDO FL 32824 <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
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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: *Marvin A. Ramos* (Marvin A. Ramos) 6-21-05 8:00 AM / 407 467-5903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

July 22 2005

50057921
#P99 0001 06379

TO FLORIDA STATE
DEPT. OF CORPORATIONS
ANNUAL REPORT SECTION
P. O. BOX 6850
TALLAHASSEE, FL 32314

DEAR SIR OR MADAM My ANNUAL REPORT
FOR MARVIN MOTORS, INC. got to my
PLACE OF BUSINESS ON 07/20/05
My LANDLORD MOVED EVERYBODY AROUND
BUT I HAD THE SAME ADDRESS
AS OF TODAY THIS IS THE REASON
WHY I FILE THIS REPORT NOW
I ENCLOSED THE REPORT AND CHECK
TO PAY THE ANNUAL REPORT

THANKS,

