

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 90001 037 \*\*\*158.75

P99000111530

FILED

05 OCT -6 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111530

1. Entity Name  
MARLENE ENTERPRISES, INC.



Principal Place of Business  
14502 SCOTCH PINE COURT  
ORLANDO, FL 32832

Mailing Address  
14502 SCOTCH PINE COURT  
ORLANDO, FL 32832

2. Principal Place of Business

8602 Sun Drive

Suite, Apt. #, etc.

3. Mailing Address

8602 Sun Drive

Suite, Apt. #, etc.



06282005

Chg-P

CR2E034 (10/03)

City & State

Orlando, Fla.

City & State

Orlando, Fla.

4. FEI Number

59-3630409

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

Zip

Country

32809

Orange

Zip

32809

Country

Orange

6. Name and Address of Current Registered Agent

KEARNS, MARLENE F  
14502 SCOTCH PINE COURT  
ORLANDO, FL 32832

7. Name and Address of New Registered Agent

Name

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

8602 Sun Drive

City

Orlando

FL

Zip Code

32809

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
KEARNS, MARLENE  
14502 SCOTCH PINE CT  
ORLANDO, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
KEARNS, STEVEN  
14502 SCOTCH PINE COURT  
ORLANDO, FL 32832 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8602 Sun Drive  
Orlando, Fla 32809 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8602 Sun Drive  
Orlando, Fla 32809 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Marlene Kearns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05 408 859  
Date Daytime Phone # 8192