

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90101 043 \*\*\*150.00

**DOCUMENT # S74182**

1. Entity Name

**MARR AND ASSOCIATES APPRAISAL COMPANY, INC.**



Principal Place of Business

**99353 OVERSEAS HWY  
#13  
KEY LARGO FL 33037  
US**

Mailing Address

**PO BOX 768  
KEY LARGO FL 33037  
US**

**50028508**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**99900 OVERSEAS HWY**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0288743**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARR, TRENT  
99353 OVERSEAS HWY #13  
PO BOX 768  
KEY LARGO FL 33037**

Name

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

**99900 OVERSEAS HWY**

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

TITLE **P** ☐ Delete  
NAME **MARR, TRENT**  
STREET ADDRESS **99353 OVERSEAS HWY #13**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **V** ☐ Delete  
NAME **MARR, MARY**  
STREET ADDRESS **99353 OVERSEAS HWY #13**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-** ☒ Change ☐ Addition  
NAME **-**  
STREET ADDRESS **99900 OVERSEAS HWY**  
CITY-ST-ZIP **-**

TITLE **-** ☒ Change ☐ Addition  
NAME **-**  
STREET ADDRESS **99900 OVERSEAS HWY**  
CITY-ST-ZIP **-**

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

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

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

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

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:

*Mary N Marr* **Mary N Marr**

**3-7-05**

**305-451-6095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #