

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90252 005 \*\*\*150.00

**DOCUMENT # V02285**

1. Entity Name  
**MAR REFERRAL CORP.**



Principal Place of Business  
1001 U.S. HIGHWAY ONE., #600  
JUPITER, FL 33477

Mailing Address  
1001 U.S. HIGHWAY ONE., #600  
JUPITER, FL 33477

24058146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0409487

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

BLAKISTON, HENRY Y.  
1001 US HWY ONE, SUITE 600  
JUPITER, FL 33477

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

*Henry Y Blakiston*

4/26/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | P                       | <input type="checkbox"/> Delete |
| NAME           | CODY, CYNTHIA P.        |                                 |
| STREET ADDRESS | 18093 S.E. FEDERAL HWY  |                                 |
| CITY-ST-ZIP    | TEQUESTA, FL 33469      |                                 |
| TITLE          | S                       | <input type="checkbox"/> Delete |
| NAME           | BLAKISTON, PATRICIA     |                                 |
| STREET ADDRESS | 19558 TRAILS ED TERRACE |                                 |
| CITY-ST-ZIP    | JUPITER, FL             |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |   |
|----------------|--------------------|---|
| TITLE          | P                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Cody, Cynthia P.   |   |
| STREET ADDRESS | 952 Pompano Dr.    |   |
| CITY-ST-ZIP    | Jupiter, Fl. 33458 |   |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |   |
| STREET ADDRESS |                    |   |
| CITY-ST-ZIP    |                    |   |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |   |
| STREET ADDRESS |                    |   |
| CITY-ST-ZIP    |                    |   |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |   |
| STREET ADDRESS |                    |   |
| CITY-ST-ZIP    |                    |   |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cynthia P Cody*

4/26/04

561 746 9775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #