


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90007 049 ***150.00

DOCUMENT # P99000078692

1. Entity Name
405 MAR, INC.



Principal Place of Business
**200 WILLARD STREET
 COCOA, FL 32922**

Mailing Address
**200 WILLARD STREET
 COCOA, FL 32922**

2. Principal Place of Business
 Suite, Apt. #., etc.

3. Mailing Address
 Suite, Apt. #., etc.

City & State
 Zip Country



01072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3600961

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	
SELIG, W. MICHAEL 200 WILLARD STREET COCOA, FL 32922		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELIG, W. MICHAEL			NAME	Lieberman, Ronald S		
STREET ADDRESS	200 WILLARD STREET			STREET ADDRESS	P O Box 641004		
CITY-ST-ZIP	COCOA, FL 32922			CITY-ST-ZIP	BEverly Hills Fal 34464		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIEBERMAN, ARNOLD			NAME			
STREET ADDRESS	1475 PARADISE COURT			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIEBERMAN, RONALD			NAME			
STREET ADDRESS	POST OFFICE BOX 540396 N/A			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32954			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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  **W.M. Selig** Date **3-21-05** Daytime Phone # **321-639-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR