


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 622422
 1. Entity Name
MARK EDWARDS, LTD., INC.



Principal Place of Business Mailing Address
 275 GOOLSBY BLVD 275 GOOLSBY BLVD
 DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1918298 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 VOTYPKA, MARK
 2683 NW 49TH STREET
 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

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 re-registering)

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**

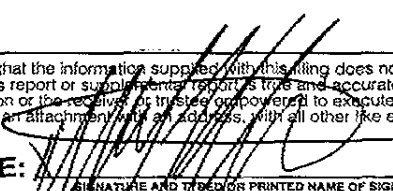
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 02/06/04-80056-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VOTYPKA, JOHN
STREET ADDRESS	5888 WIND DRIFT LANE
CITY - ST - ZIP	BOCA RATON, FL
TITLE	VD
NAME	VOTYPKA, MARK
STREET ADDRESS	5888 WIND DRIFT LANE
CITY - ST - ZIP	BOCA RATON, FL
TITLE	V
NAME	PRESSER, HARRY
STREET ADDRESS	2694 NW 49TH ST
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 supplementary reports 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 or 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 I/we empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 954-698-0422
Date Daytime Phone #