

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000097035

1. Entity Name
THE MARKMAN LAW FIRM, P.A.



Principal Place of Business
**800 NORTH FERNCREEK AVE
 ORLANDO, FL 32803**

Mailing Address
**800 NORTH FERNCREEK AVE
 ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number **04-3709181** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MARKMAN, JEREMY K
 800 NORTH FERNCREEK AVE
 ORLANDO, FL 32803**

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D MARKMAN, JEREMY K 800 NORTH FERNCREEK AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKMAN, JOANNA S 800 NORTH FERNCREEK AVE ORLANDO, FL 32803
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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] **JEREMY K. MARKMAN, PRESIDENT** 01/12/04 (407) 447-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #