

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90035 008 ***150.00

DOCUMENT # P94000093029

1. Entity Name
MARKEY & FOWLER, P.A.



Principal Place of Business
**25 MCLEOD ST
MERRITT ISLAND, FL 32953 US**

Mailing Address
**25 MCLEOD ST.
MERRITT ISLAND, FL 32953 US**

50009893

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

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

City & State

City & State

04042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3286556

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

**FOWLER, DANIEL B
25 MCLEOD ST
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MARKEY, KEVIN P**
STREET ADDRESS **25 MCLEOD STREET**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **D** ☐ Delete
NAME **FOWLER, DANIEL B**
STREET ADDRESS **25 MCLEOD STREET**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

321-453-0547

Daytime Phone #

ATTACHMENT
50009893
FOWLER
BRINK MOSES
P.A.

ATTORNEYS AT LAW

DANIEL B. FOWLER

JAY H. FOWLER †

BART A. BRINK, LL.M.

ALISON J. MOSES

25 McLeod Street
Merritt Island, Florida 32953
(321) 453-0547
(321) 453-0958 fax

Paralegal:
ROBERTA T. REAUME, CLA, CFLA

†Also admitted to West Virginia Bar

rreaume@fowlerfirm.com

April 5, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Markey & Fowler, P.A.
Document #: P94000093029

To Whom It May Concern:

Enclosed please find the 2006 Annual Report along with our office account check #1439 in the amount of \$150.00.

Should you require anything further, please do not hesitate to contact me.

Sincerely,



Roberta T. Reaume, CLA, CFLA
Paralegal to Daniel B. Fowler

\rtr
Enclosure