

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000069810

1. Entity Name
MARK MANAGEMENT INSURANCE AGENCY, INC.



Principal Place of Business

**491 N SR 434
STE 125
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address

**PO BOX 160580
ALTAMONTE SPRINGS, FL 32716-0580 US**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3463313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KANAGA, MERIDYTHE
491 N SR 434
STE 125
ALTAMONTE SPRINGS, FL 32714**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

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

000000107672
04-09-04-80024-014 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KANAGA, RYAN ZACHARY**
STREET ADDRESS **380 S. SR 434, STE 1004-174**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D**
NAME **KANAGA, RICK**
STREET ADDRESS **1176 BRANTLEY ESTATES**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D**
NAME **KANAGA, MERIDYTHE**
STREET ADDRESS **1176 BRANTLEY ESTATES**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Meridythe Kanaga Meridythe Kanaga

4/6/04

Date

407-862-2292x10

Daytime Phone #