

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000088154			
1. Entity Name MARK ALEY CORPORATION, INC.			
Principal Place of Business 240 MAIN STREET ATLANTIC BEACH, FL 32233	Mailing Address 240 MAIN STREET ATLANTIC BEACH, FL 32233		
DO NOT WRITE IN THIS SPACE			
		05262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3473231	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
ALEY, MARK A 240 MAIN STREET ATLANTIC BEACH, FL 32233			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE U000000163800 07/07/04-80018-007 158.75
TITLE	PTD		
NAME	ALEY, MARK A		
STREET ADDRESS	240 MAIN STREET		
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233		
TITLE	SD		
NAME	ALEY, KAREN L		
STREET ADDRESS	240 MAIN STREET		
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233		
TITLE			DO NOT WRITE IN THIS SPACE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: <i>Mark Aley</i>		MARK A. ALEY PRESIDENT	(904) 855-1140
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>