



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # J59314</b> 1. Entity Name <b>MARK MANAGEMENT, INC.</b>			
Principal Place of Business <b>491 N. S.R. 434 STE 125 ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>P O BOX 160580 ALTAMONTE SPRINGS, FL 32716-0580</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2774603</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>			
<b>KANAGA, MERIDYTHE 491 N. S.R. 434 STE 125 ALTAMONTE SPRINGS, FL 32714</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees  U000000107651 04/09/04-80022-024 150.00
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KANAGA, MERIDYTHE 1176 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KANAGA, RICK 1176 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: <u>Meridythe Kanaga</u> Meridythe Kanaga 4/6/04 407-862-2292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			