

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 524295

1. Entity Name
MARK BANE REALTY, INC.



Principal Place of Business

P.O. BOX 3829
TALL., FL 32303

Mailing Address

P.O. BOX 3829
TALL., FL 32303

FILED

04 JAN 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1718924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BANE, MARK C III
1904 W NELSON CIR
TALLAHASSEE, FL 32303

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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 reinstating)

DATE

000028230290
02/05/04--01015--021 **300.00

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 P
NAME BANE, MARK C III
STREET ADDRESS 1904 W NELSON CIR
CITY-ST-ZIP TALL., FL 32303

TITLE T
NAME BANE, MARK C JR
STREET ADDRESS 1904 W. NELSON CIR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1/13/04

Date

Daytime Phone #