

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 534007

1. Entity Name
MARKISEN SERVICE CENTERS, INC.



Principal Place of Business
**806 NORTH LAKE BLVD.
NORTH PALM BCH, FL 33408**

Mailing Address
**806 NORTH LAKE BLVD.
NORTH PALM BCH, FL 33408**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1750033

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARKISEN, ERIC
806 NORTH LAKE BLVD.
NORTH PALM BCH, FL**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKISEN, PHYLISS L 1202B PINECREST JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARKISEN, ERIC R 18 COMMODORE PL PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, LISA 1202B PINECREST JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKISEN, CATHERINE R 18 COMMODORE PL PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80017-014 150.00

**DO NOT WRITE
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)(f), 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:

Eric R. Markisen **ERIC R. MARKISEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05
Date

(561) 845-2855
Daytime Phone #