


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 534007</b>	
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
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1750033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARKISEN, ERIC 806 NORTH LAKE BLVD. NORTH PALM BCH, FL
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**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, 2006 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	

1000000379821  
01/10/06-80038-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 1-5-06 (561) 845-2855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #