

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90021 022 ***150.00

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01212004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1803173** Applied For
Not Applicable

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

DOCUMENT # 560637
1. Entity Name
MARK EASTMAN AGENCY, INC.



Principal Place of Business
**5140 MACDONALD AVE. #404
MONTREAL QUEBEC CAN. H3X3Z1,**

Mailing Address
**1858 RINGLING BLVD.
SARASOTA, FL 34236 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**2050 PROCTOR RD.
SUITE F
SARASOTA, FL
34231 US**

6. Name and Address of Current Registered Agent
**MILES, WILLIAM G
2050 PROCTOR RD
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**2050 PROCTOR RD., SUITE F
FL** Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EASTMAN, MARK 5140 MACDONALD #404 MONTREAL, QUE., CAN H3X3Z1, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EASTMAN, JUDY 5140 MACDONALD #404 MONTREAL, QUE., CAN H3X3Z1, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Judy Eastman - Judy Eastman** **2/9/04** **941-929-7125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #