

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654131

FILED
Jan 10, 2005
Secretary of State

Entity Name: MARKS INSURANCE AGENCY, INC.

Current Principal Place of Business:

61 AVENUE E
P.O. BOX 129
APALACHICOLA, FL 32320

New Principal Place of Business:

61 AVENUE E
APALACHICOLA, FL 32320

Current Mailing Address:

PO BOX 129
APALACHICOLA, FL 323290129

New Mailing Address:

FEI Number: 59-1963314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, C A III
61 AVENUE E
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARKS, C A III
Address: 61 AVE E
City-St-Zip: APALACHICOLA FL,

Title: ST () Delete
Name: MARKS, NINA M
Address: 61 AVE E
City-St-Zip: APALACHICOLA FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARKS, C A III
Address: 61 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: ST (X) Change () Addition
Name: MARKS, NINA M
Address: 61 AVE E
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. A. MARKS, III

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date