

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12851

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** LANNY K. MARKS & ASSOCIATES, INC.

**Current Principal Place of Business:**

1489 W. PALMETTO PARK RD. #445  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

6511 TIMBER LN  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 59-2669021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARKS, LANNY K  
6511 TIMBER LN  
BOCA RATON, FL 33433 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: PSD  
Name: MARKS, LANNY K  
Address: 6511 TIMBER LANE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: VPD  
Name: MARKS, RICHARD L  
Address: 18704 OCEAN MIST DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

Title: TD  
Name: MARKS, DAVID S  
Address: 1584 NE 194 ST  
City-St-Zip: N. MIAMI, FL 33179 US

Title: VPD  
Name: MASON, ANDREW  
Address: 9857 PALMA VISTA WAY  
City-St-Zip: BOCA RATON, FL 33428 US

Title: VPD  
Name: MARKS, LISA B  
Address: 6511 TIMBER LANE  
City-St-Zip: BOCA RATON, FL 33433 US

I hereby 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 all other like empowered.

SIGNATURE: LANNY K. MARKS

PRES

03/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date