


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K19048**  
1. Entity Name  
**MARKSELL INCORPORATED**



Principal Place of Business      Mailing Address  
4029 TAMPA RD.                      4029 TAMPA RD.  
OLDSMAR, FL 34677                  OLDSMAR, FL 34677

**DO NOT WRITE IN THIS SPACE**



04112005    No Chg-P    CR2E034 (10/03)

4. FE# Number      Applied For  
**59-2876605**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
HILTON, BUD  
4029 TAMPA RD.  
OLDSMAR, FL 34677

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

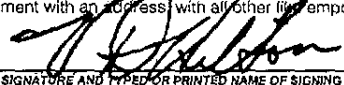
**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HILTON, BUD
STREET ADDRESS	4029 TAMPA RD.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	P
NAME	JACKSON, SAMUEL H
STREET ADDRESS	4029 TAMPA RD.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	S
NAME	JACKSON, JUDY
STREET ADDRESS	4029 TAMPA RD.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

04/19/05-90180-U29 150.00

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:**  **V.D. HILTON**      4-15-05      813-818-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #