


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L38684
 1. Entity Name
MARK MANAGEMENT INVESTMENT CORPORATION



Principal Place of Business Mailing Address
 491 N SR 434 PO BOX 160580
 STE 125 ALTAMONTE SPRINGS, FL 32716-0580 US
 ALTAMONTE SPRINGS, FL 32714 US

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2982749 Not Applicable

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

6. Name and Address of Current Registered Agent
 KANAGA, MERIDYTHE
 491 N SR 434
 STE 125
 ALTAMONTE SPRINGS, FL 32714

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000107652
 04/09/04-800.22-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KANAGA, RICK
STREET ADDRESS	1176 BRANTLEY ESTATES DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DST
NAME	KANAGA, MERIDYTHE
STREET ADDRESS	1176 BRANTLEY ESTATES DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	KANAGA, RYAN
STREET ADDRESS	380 S. SR 434 STE #1004-174
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Meridythe Kanaga* Meridythe Kanaga 4/6/04 407-862-2292x10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #