

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91225 050 ***150.00

DOCUMENT # P00000024337

1. Entity Name
MARKER CHIROPRACTIC ASSOCIATES, INC.



Principal Place of Business
**2212 CLEVELAND AVENUE
FORT MYERS, FL 33901 US**

Mailing Address
**HILL & COMPANY, CPA
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904 US**

24066951



2. Principal Place of Business

3. Mailing Address

2212 CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

FORT MYERS, FL

4. FEI Number

65-0988642

Applied For

Not Applicable

Zip

Country

Zip

33901

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKER, JAMES B.
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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
**PSTD
MARKER, JAMES B
1318 LAFAYETTE STREET
CAPE CORAL, FL- 33904**

TITLE
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

239-334-6715
Daytime Phone #