


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 050 ***150.00

DOCUMENT # P00000033128

1. Entity Name
 MARKO DOORS & GATES, INC.



Principal Place of Business
 4200 WESTROADS DRIVE
 WEST PALM BEACH, FL 33407

Mailing Address
 4200 WESTROADS DRIVE
 WEST PALM BEACH, FL 33407

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

94043543



03042004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0998210 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WOJTYLKO, WADE B
 4200 WESTROADS DRIVE
 WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent
 Name: Timothy W. Coorough
 Street Address (P.O. Box Number is Not Acceptable):
 4200 Westroads Dr
 City: West Palm Beach FL Zip Code: 33407

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: *Timothy W. Coorough* DATE: 3-4-04

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, KENNETH W	
STREET ADDRESS	48 DALKEITH DRIVE	
CITY-ST-ZIP	BRANTFORD, ONT. CAN. N3P 1N6,	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MERCADO, MALCOLM A	
STREET ADDRESS	5116 LAKESHORE ROAD	
CITY-ST-ZIP	BURLINGTON, ONT. CAN. L7L 1B9,	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOJTYLKO, WADE	
STREET ADDRESS	4200 WESTROADS DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowerments.

SIGNATURE: *Timothy W. Coorough* DATE: 3-4-04 DAYTIME PHONE #: 561-863-0650

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