

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90104 020 \*\*\*150.00

**DOCUMENT # P01000004806**

1. Entity Name

**MARK, JEROME, & ASSOCIATES, INC.**



Principal Place of Business

**13100 PINE BOROUGH LANE  
PALM BEACH GARDENS, FL 33418**

Mailing Address

**13100 PINE BOROUGH LANE  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE IN THIS SPACE**



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-1089843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, WILLIAM A  
13100 PINE BOROUGH LANE  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE  
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

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, 2006 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	ADAMS, WILLIAM A
STREET ADDRESS	13100 PINE BOROUGH LANE
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DP
NAME	BRISSON, MARK
STREET ADDRESS	486 N-PIN OAK PLACE #100
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Mark Brisson* **MARK BRISSON** 4-16-06 407-869-5124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #