

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90002 026 ***150.00

DOCUMENT # P01000057785



1. Entity Name

MARK KENYON, INC.

Principal Place of Business

9815 HILLTOP DR.
NEW PT RICHEY FL 34854-3481

Mailing Address

9815 HILLTOP DR.
NEW PT RICHEY FL 34854-3481

54024125



MOORE CR2E034 (11/03)

2. Principal Place of Business

SAME as above

3. Mailing Address

SAME as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3724447

Applied For
Not Applicable

Zip

Country

USA

Zip

Country

USA

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

6. Name and Address of Current Registered Agent

KENYON, MARK

9815 HILLTOP DR.
NEW PT RICHEY FL 34854-3481

7. Name and Address of New Registered Agent

Name: NO Change
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

Mark Kenyon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KENYON, MARK
STREET ADDRESS 9815 HILLTOP DR.
CITY-ST-ZIP NEW PT RICHEY FL 34854-3481

TITLE VST ☐ Delete
NAME KENYON, JOANNE
STREET ADDRESS 9815 HILLTOP DR.
CITY-ST-ZIP NEW PT RICHEY FL 34854-3481

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NONE - ONLY address

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP changes

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Mark Kenyon

MARK KENYON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

(727) 869-9780

Daytime Phone #