

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103748

1. Entity Name
J. MARK WOODWORK, INC.



Principal Place of Business
8087 MONETARY DRIVE
UNIT F6
RIVIERA BEACH, FL 33404

Mailing Address
8087 MONETARY DRIVE
UNIT F6
RIVIERA BEACH, FL 33404

FILED

04 APR 22 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152004 No Chg-P CR2E034 (10/03) 04

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4. FEI Number
65-1149244
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SCHWESKA, JAMES M
8087 MONETARY DRIVE UNIT F6
RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

200035723342
05/06/04--01071--011 **150.00

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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: J. Mark Schweska J. MARK SCHWESKA 15 APR 04 561-842-5644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #