2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P02000070314 1. Entity Name MARKEN MARKETING, INC. Principal Place of Business Mailing Address 2500 SILVER STAR RD. 2500 SILVER STAR RD. STE, 301 ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3690396 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEALEY, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 2500 SILVER STAR ROAD SUITE 301 ORLANDO FL 32804 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 reinstalling) DATE EILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. भाग TITLE Delete NAME MEALEY, KENNETH R NAME U00000294087 04/08/05-80055-021 150.00 STREET ADDRESS 5124 NEPONSET AVENUE STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32808 CITY-ST-7IP ☐ Delete THE Change 🔲 Addition TITLE NAME MEALEY, MARY E NANE STREET ADDRESS STREET ADDRESS 5124 NEPONSET AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE Delete TITLE Change Addilion 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NA ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP THE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Crite-ST-ZIP CITY-ST-ZIP THIF ☐ Change ☐ Addition $m_{\ell\ell}$ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f), 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.