

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90258 020 ***150.00

DOCUMENT # P02000097035

1. Entity Name
THE MARKMAN LAW FIRM, P.A.



Principal Place of Business
**800 NORTH FERNCREEK AVE
ORLANDO, FL 32803**

Mailing Address
**800 NORTH FERNCREEK AVE
ORLANDO, FL 32803**

50000057



2. Principal Place of Business - No P.O. Box #
4767 New Broad St.

3. Mailing Address
4767 New Broad St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
04-3709181

Applied For
Not Applicable

Zip
32814

Country
USA

Zip
32814

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKMAN, JEREMY K
800 NORTH FERNCREEK AVE
ORLANDO, FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

4767 New Broad Street

City
ORLANDO

FL

Zip Code
32814

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

Jeremy K. Markman
Jeremy K. MARKMAN

1/10/07
DATE

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

(NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARKMAN, JEREMY K
800 NORTH FERNCREEK AVE
ORLANDO, FL 32803** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARKMAN, JOANNA S
800 NORTH FERNCREEK AVE
ORLANDO, FL 32803** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Jeremy K. Markman
Jeremy K. MARKMAN

1/10/07
Date

(407) 447-0848
Daytime Phone #