
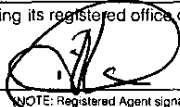
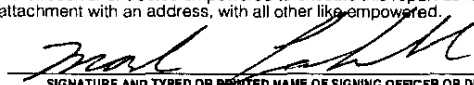


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90034 039 \*\*\*150.00

<b>DOCUMENT # P03000047174</b>			
1. Entity Name <b>MARK COCKERELL, INC.</b>			
Principal Place of Business <b>713 LIGHTHOUSE DR TARPON SPRINGS, FL 34689</b>		Mailing Address <b>713 LIGHTHOUSE DR TARPON SPRINGS, FL 34689</b>	
2. Principal Place of Business <b>14223 GULF BLVD</b>		3. Mailing Address <b>C/O FRANK CINNELLA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>14223 GULF BLVD.</b>	
City & State <b>MADEIRA BEACH, FL</b>		City & State <b>MADEIRA BEACH, FL</b>	
Zip <b>33708</b>	Country <b>USA</b>	Zip <b>33708</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>COCKERELL, MARK 713 LIGHTHOUSE DR TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent Name <b>FRANK CINNELLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>14223 GULF BLVD</b> City <b>MADEIRA BEACH</b> <b>FL</b> Zip Code <b>33708</b>	
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 <b>FRANK CINNELLA</b>  DATE <b>3/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>P/V/S/T MARK COCKERELL PO BOX 6445 Pine Mountain Club, CA 93222</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>D FRANK CINNELLA 14223 GULF BLVD MADEIRA BEACH, FL 33708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/10/04 727 418 7100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	