## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000086976

Entity Name: MARK DORAN, P.A.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4235 VILLAGE DR NO # B 1195 E MAGNOLIA CIR.
DELRAY BCH, FL 33445 DELRAY BCH, FL 33445

Current Mailing Address: New Mailing Address:

4235 VILLAGE DR NO # B 1195 E MAGNOLIA CIR. DELRAY BCH, FL 33445 DELRAY BCH, FL 33445

FEI Number: 04-3771715 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORAN, MARK L PA
4235 VILLAGE DR NO # B
DELRAY BCH, FL 33445 US
DORAN, MARK L PA
1195 E MAGNOLIA CIR.
DELRAY BCH, FL 33445 US

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.

SIGNATURE: MARK L DORAN PA 04/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

Name:DORAN, MARK L PAName:DORAN, MARK L PAAddress:4235 VILLAGE DRIVE UNIT BAddress:1195 E MAGNOLIA CIR.City-St-Zip:DELRAY BEACH, FL 33445City-St-Zip:DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK L DORAN PA PRES 04/06/2005