

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 020 ***150.00

DOCUMENT # P04000024876 1. Entity Name A MARK OF EXCELLENCE, INC.					
Principal Place of Business 440 WEST WASHINGTON STREET MONTICELLO, FL 32344			Mailing Address PO BOX 180099 TALLAHASSEE, FL 32318		
2. Principal Place of Business 195 VILLA LN Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State HAVANA FL			City & State		
Zip 32333		Country USA		Zip	
Country		Country		4. FEI Number 20-0702802	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PREPELKA, MARK L 440 WEST WASHINGTON STREET MONTICELLO, FL 32344				7. Name and Address of New Registered Agent Name - PREPELKA, MARK L. Street Address (P.O. Box Number is Not Acceptable) 195 VILLA LN City HAVANA FL Zip Code 32333	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P PREPELKA, MARK L PO BOX 180099 TALLAHASSEE, FL 32318	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PREPELKA, KRISTINA L PO BOX 180099 TALLAHASSEE, FL 32318	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: Mark L. Prepelka MARK L. PREPELKA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 1-25-05			Daytime Phone # 850-766-1980		

50007080



01182005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0702802** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name - **PREPELKA, MARK L.**
 Street Address (P.O. Box Number is Not Acceptable)
195 VILLA LN
 City **HAVANA** **FL** Zip Code **32333**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

P
PREPELKA, MARK L
PO BOX 180099
TALLAHASSEE, FL 32318

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V
PREPELKA, KRISTINA L
PO BOX 180099
TALLAHASSEE, FL 32318

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