

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90068 048 ***150.00

DOCUMENT # P04000053061			
1. Entity Name MARK DOBKOWSKI GUIDE SERVICE, INC.			
Principal Place of Business 435 S. RIDGEWOOD AVE. #210 DAYTONA BEACH, FL 32114		Mailing Address 435 S. RIDGEWOOD AVE. #210 DAYTONA BEACH, FL 32114	
<i>Change</i>			
2. Principal Place of Business 2723 Pinetree Dr. Suite, Apt. #, etc.		3. Mailing Address 2723 Pinetree Dr. Suite, Apt. #, etc.	
City & State Edgewater, FL Zip 32141 Country US		City & State Edgewater, FL Zip 32141 Country US	
4. FEI Number 34-1985411		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBKOWSKI, MARK 2723 PINETREE DR. EDGEWATER, FL 32141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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	D DOBKOWSKI, MARK 2723 PINETREE DR. EDGEWATER, FL 32141	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 <i>Mark Dobkowski</i>		2/22/05 386 4270135 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			