

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000109320

1. Entity Name
MARILYN JINKS, P.A.



Principal Place of Business
36 SEACREST BEACH BLVD W
A-210
SANTA ROSA BEACH, FL 32459

Mailing Address
P.O. BOX 611449
ROSEMARY BEACH, FL 32461

FILED
Sep 19, 2008 08:00 AM
Secretary of State



07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1365226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA, INC
50 UPTOWN GRAYTON CIRCLE
15
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JINK, MARILYN
STREET ADDRESS	P.O. BOX 611449
CITY-ST-ZIP	ROSEMARY BEACH, FL 32461

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000959922
09/19/08-80001-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #