

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State
03-10-2005 90131 022 ***150.00

DOCUMENT # P04000122464 1. Entity Name MARKO'S GRILL, INC.			
Principal Place of Business 4847 SWEATMEADOW CIRCLE SARASOTA FL 34238		Mailing Address 4847 SWEATMEADOW CIRCLE SARASOTA FL 34238	
2. Principal Place of Business 3728 - N. Tamiami		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota FL		City & State 	
Zip 34234		Country Sarasota	
4. FEI Number 20-1569567		<input type="checkbox"/> 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 VOURLIDES, MARK 4847 SWEATMEADOW CIRCLE SARASOTA FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 VOURLIDES, MARK 4847 SWEATMEADOW CIRCLE SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mark Vourlides Pres.</u> MARK VOURLIDES 3/1/05 (941) 355-0168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			