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May 02, 2005 8:00 am
Secretary of State

05-02-2005 90439 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000122923			
1. Entity Name MARK L. DUMDEI, INC.			
Principal Place of Business 3000 HARTLEY ROAD SUITE 11 JACKSONVILLE, FL 32257 US		Mailing Address 3000 HARTLEY ROAD SUITE 11 JACKSONVILLE, FL 32257 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073		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 _____ (Signature typed or printed below of registered agent is acceptable if applicable) (NOTE: Registered Agent signature required when changing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP NAME STREET ADDRESS CITY-ST-ZIP		VP NAME STREET ADDRESS CITY-ST-ZIP	
SEC NAME STREET ADDRESS CITY-ST-ZIP		SEC NAME STREET ADDRESS CITY-ST-ZIP	
TREA NAME STREET ADDRESS CITY-ST-ZIP		TREA NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 in an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mark L. Dumdei</i>		4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EXECTOR		Date	