

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90385 022 ***158.75

DOCUMENT # P04000145987					
1. Entity Name MARKU'S FAMILY INC.					
Principal Place of Business 1712 MISSOURI AVE CLEARWATER, FL 33756			Mailing Address 1712 MISSOURI AVE CLEARWATER, FL 33756		
2. Principal Place of Business 1712 MISSOURI AVE Suite, Apt. #, etc.		3. Mailing Address 1712 MISSOURI AVE Suite, Apt. #, etc.		14012329 	
City & State LARGO FL		City & State LARGO FL		4. FEI Number 20-1679508	
Zip 33770		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKU, ALFONS 1712 MISSOURI AVE CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name: LIRI MARKU Street Address (P.O. Box Number is Not Acceptable): 1712 MISSOURI AVE City: LARGO FL Zip Code: 33770	
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: <u>X Liri Marku</u> <u>LIRI MARKU, PRESIDENT</u> DATE: <u>05-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DP MARKU, ALFONS 1712 MISSOURI AVE CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/DIR LIRI MARKU 1712 MISSOURI AVE LARGO, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u>X Liri Marku</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>LIRI MARKU</u>		
			DATE: <u>05-27-05</u> Daytime Phone #: <u>727-584-8030</u>		