

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-28-2006 90120 027 ***150.00

DOCUMENT # P05000020799 1. Entity Name MARKER 1 REALTORS, INC			
Principal Place of Business 5540 PENNOCK POINT ROAD JUPITER, FL 33458		Mailing Address 5540 PENNOCK POINT ROAD JUPITER, FL 33458	
2. Principal Place of Business 287 E. Indiantown Road Suite, Apt. #, etc. B-1 City & State Jupiter, FL Zip 33477		3. Mailing Address 287 E. Indiantown Rd. Suite, Apt. #, etc. B-1 City & State Jupiter, FL Zip 33477	
Country Palm Beach		Country Palm Beach	
4. FEI Number 37-0116630		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKINSON, RITA A 5540 PENNOCK POINT ROAD JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Dickinson, Rita A Street Address (P.O. Box Number is Not Acceptable) 287 E. Indiantown Rd. Suite B-1 City Jupiter FL Zip Code 33477	
8. The above named entity submits this statement for the purpose of changing its registered office, 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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 VP NAME DICKINSON, GARDNER ☒ Delete STREET ADDRESS 6640 PENNOCK POINT ROAD CITY-ST-ZIP JUPITER, FL 33458	TITLE VP NAME Dickinson, Gardner ☒ Change ☐ Addition STREET ADDRESS 287 E. Indiantown Rd Suite B-1 CITY-ST-ZIP Jupiter, FL 33477		
TITLE P ☐ Delete NAME DICKINSON, RITA STREET ADDRESS 5540 PENNOCK POINT ROAD CITY-ST-ZIP JUPITER, FL 33458	TITLE Dickinson, Rita ☒ Change ☐ Addition NAME 287 E. Indiantown Road Suite B-1 STREET ADDRESS Jupiter, FL 33477 CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 # _____	