## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048089

Entity Name: MARK K CARD P.A.

FILED Jan 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2 OCEANS WEST BLVD. #1209 2 OCEANS WEST BLVD. #1209

DAYTONA BEACH SHORES, FL 32127 DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address: New Mailing Address:** 

2 OCEANS WEST BLVD. #1209 2 OCEANS WEST BLVD. #1209

DAYTONA BEACH SHORES, FL 32127 DAYTONA BEACH SHORES, FL 32118

FEI Number: 20-2628587 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CARD, MARK CARD, MARK

846 CLEARLAKE DRIVE 2 OCEANS WEST BLVD. #1209

PORT ORANGE, FL 32127 DAYTONA BEACH SHORES, FL 32118 US US

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.

SIGNATURE: 01/08/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPVP (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP ( ) Delete CARD, MARK K Name: Name: CARD, MARK K

P.O. BOX 290924 2 OCEANS WEST BLVD. #1209 Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: Title: (X) Change ( ) Addition () Delete

CARD, JENNIFER Name: CARD, JENNIFER Name:

P.O. BOX 290924 2 OCEANS WEST BLVD. #1209 Address: Address: PORT ORANGE, FL 32127 DAYTONA BEACH SHORES, FL 32118 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER CARD 01/08/2008 ST