

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090622

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** CMK OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12332 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12332 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 20-3074390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOLASSA, RITA  
12332 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KOLASSA, RITA  
Address: 12332 FLYNN WOODS ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VSD  
Name: BOLDAN, VASILE  
Address: 12332 FLYNN WOODS ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: RITA KOLASSA

PRES

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date