


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 24, 2007 8:00 am
Secretary of State

07-24-2007 90038 040 ***150.00

DOCUMENT # <u>PO-600015867</u>			
1. Entity Name <u>EDWARD G MARKOW</u> <u>CONSULTANT INC</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>9500 S OCEAN DR.</u> Suite, Apt. #, etc. <u>303</u>		3. Mailing Address <u>9500 S OCEAN DR</u> Suite, Apt. #, etc. <u>303</u>	
City & State <u>JENSEN BEACH FL</u>		City & State <u>JENSEN BEACH FL</u>	
Zip <u>35957</u>		Country <u>SLUCIE</u>	
4. FEI Number <u>11-3129823</u>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>EDWARD G MARKOW</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>9500 S OCEAN DR</u>			
APT - <u>303</u>			
City <u>JENSEN BEACH</u> FL <u>35957</u>			
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
	<u>EDWARD G MARKOW PRES.</u>		<u>9500 S OCEAN DR</u>
	<u>JENSEN BEACH FL 35957</u>		<u>35957</u>
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Edward G Markow</u> July 12 '07 631-589-3203			