

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90027 008 \*\*\*150.00

**DOCUMENT # P06345**

1. Entity Name

**MARKSBURY CORNETT ENGINEERING CORPORATION**



Principal Place of Business

804 N. ENGLISH STATION ROAD  
P.O. BOX 43517  
LOUISVILLE KY 40253-7517

Mailing Address

804 N. ENGLISH STATION ROAD  
P.O. BOX 43517  
LOUISVILLE KY 40253-0517  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**61-1031784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, PEGGY**  
**303 BAYVIEW PKWY**  
**NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

**Jerry S. Marksbury**

Street Address (P.O. Box Number is Not Acceptable)

**5921 SW First Ave.**

City

**Cape Coral**

**FL**

Zip Code  
**33914**

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

*Jerry S. Marksbury*

**Jerry S. Marksbury CEO**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete  
NAME **MARKSBURY, JERRY S.**  
STREET ADDRESS **1110 RIVERSIDE DR.**  
CITY-ST-ZIP **PROSPECT KY 40059**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
NAME **Jerry S. Marksbury Jr.**  
STREET ADDRESS **12715 Crestmoor Circle**  
CITY-ST-ZIP **Prospect KY 40059**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **William C. Marksbury**  
STREET ADDRESS **PO Box 436944**  
CITY-ST-ZIP **Louisville KY 40253**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **James C. LaGrange**  
STREET ADDRESS **11029 Buckeye Trace**  
CITY-ST-ZIP **Goshen KY 40026**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1.27.04 244 5000**