

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000050111	
1. Entity Name J. MARK MAYNOR, P.A.	

Principal Place of Business 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	Mailing Address 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403
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2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



01182004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0424616		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAYNOR, J MARK ESQUIRE 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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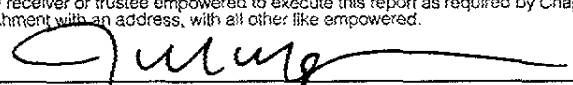
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYNOR, J MARK ESQUIRE 4114 NORTHLAKE BLVD, SUITE #101 PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000016088 01/28/04-80040-016 150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-23-04 571-69-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #