## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P93000050111** 04-11-2005 90183 013 \*\*\*150.00 1. Entity Name J. MÁRK MAYNOR, P.A. Principal Place of Business Mailing Address 3555 NORTHLAKE BLVD. 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 PALM BEACH GARDENS, FL 33403 3. Mailing Address 2. Principal Place of Business 1615 Forum Place 1615 Forum Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 Chg-P CR2E034 (10/03) 40 4C Applied For 4. FEI Number City & State City & State 65-0424616 Not Applicable \$8.75 Additional Zip Zip 5. Certificate of Status Desired <u>3340 l</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYNOR, J MARK ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE 1615 Forum Place \$4C NAME MAYNOR, J MARK ESQUIRE NAME STREET ADDRESS STREET ADDRESS 4114 NORTHLAKE BLVD: GUITE #101 West Palm Beach FL 33401 CITY-ST-7IP CITY-ST-ZIP PALM-BEACH GARDENS, FL 93410 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS 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

**FILED**