

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000057845

1. Entity Name
MARK MILLS CUSTOM PAINTING, INC.



Principal Place of Business
**1241 GONDOLA LANE
BOYNTON BEACH, FL 33426**

Mailing Address
**1241 GONDOLA LANE
BOYNTON BEACH, FL 33426**



04162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0683041

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAKABCIN, KATHRYN M
1325 S CONGRESS AVE STE 104
BOYNTON BEACH, FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLS, MARK
STREET ADDRESS 1241 GONDOLA LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE SD
NAME MILLS, KATHRYN
STREET ADDRESS 1241 GONDOLA LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

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U00000327200
04/25/05-80028-003 150.00

**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 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 #

420-65 561-341-1657