

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000091806

1. Entity Name
MARK GRECNI PA



FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90038 008 ***150.00

Principal Place of Business
9434 PALM TREE DR
WINDERMERE, FL 34786

Mailing Address
9434 PALM TREE DR
WINDERMERE, FL 34786

2. Principal Place of Business
9131 Dollanger Ct.
Suite, Apt. #, etc.

3. Mailing Address
9131 Dollanger Ct.
Suite, Apt. #, etc.



02252004 Chg-P CR2E034 (10/03)

City & State
Orlando FL.
Zip 32819 Country USA

City & State
Orlando FL.
Zip 32819 Country USA

4. FEI Number
59-3474173
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRECNI, MARK
9434 PALM TREE DR
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Mark Grezni* *WJA* *3-15-04*
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRECNI, MARK	
STREET ADDRESS	9434 PALM TREE DR	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	V	<input type="checkbox"/> Delete
NAME	FUENTES, CORALI	
STREET ADDRESS	5487 NOKOMIS COURT	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grezni, Mark	
STREET ADDRESS	9131 Dollanger Ct.	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuentes, Corali	
STREET ADDRESS	9131 Dollanger Ct.	
CITY-ST-ZIP	Orlando FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

3-15-04 *407-928-6018*