


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90025 042 \*\*\*150.00

<b>DOCUMENT # P99000011491</b>	
1. Entity Name <b>MARK B. PREMAN ENTERPRISES, INC.</b>	

Principal Place of Business <b>6249 DOWDY COURT ORLANDO, FL 32819</b>	Mailing Address <b>6249 DOWDY COURT ORLANDO, FL 32819</b>
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**54004853**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3579561</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PREMAN, MARK B 6249 DOWDY COURT ORLANDO, FL 32819</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D PREMAN, MARK B 6249 DOWDY COURT ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST PREMAN, MARK B 6249 DOWDY COURT ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PREMAN-PHYLLIS 6249 DOWDY CT ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Mark B. Preman **2-9-04** **407-345-1682**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment



54004853

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 30, 2004

MARK B. PREMAN ENTERPRISES, INC.  
6249 DOWDY COURT  
ORLANDO, FL 32819

SUBJECT: MARK B. PREMAN ENTERPRISES, INC.  
Ref. Number: P99000011491

We have received your document for MARK B. PREMAN ENTERPRISES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 504A00006601



## Division of Corporations

## Annual Report

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Document Number

P99000011491

Business Entity Name

MARK B. PREMAN ENTERPRISES, INC.

54004853

FEI Number

593579561

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No

## Principal Place of Business

Address

6249 DOWDY COURT

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32819

## Mailing Address

Address

6249 DOWDY COURT

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32819

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

PREMAN

MARK

B

-or- RA Business Name

Address

6249 DOWDY COURT

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32819

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Division of Corporations****Receipt**

54004853

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P99000011491**

Tracking Number: **500027411195**

The charge for your Annual Report is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

**Continue**

**Sunbiz Home Page**

**Public Access Help**