

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90323 046 ***150.00

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DOCUMENT # P99000086652 1. Entity Name MARK & GAIL ENTERPRISES, INC.					
Principal Place of Business 717 E OAK STREET KISSIMMEE, FL 34744			Mailing Address 717 E OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 57-1086206	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SWART, HARRY J 717 E. OAK STREET KISSIMMEE, FL 34744				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRAHAM, RICHARD 14 PIERCE DRIVE NOVATO, CA 94947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GRAHAM, GWENDOLYN 14 PIERCE DRIVE NOVATO, CA 94947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7767 294 Lake Bluff Drive Branson West, MO 65739 65615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7767 294 Lake Bluff Drive Branson West, MO 65737 65615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7767 294 Lake Bluff Drive Branson West, MO 65737 65615	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7767 294 Lake Bluff Drive Branson West, MO 65737 65615	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 7767 294 Lake Bluff Drive Branson West, MO 65737 65615	<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: <u>Gwendolyn G. Graham</u> Gwendolyn G. Graham <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>Apr 25/04</u> Daytime Phone # <u>417-527-2573</u>					