

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2004 90056 022 ***150.00

DOCUMENT # P99000099940

1. Entity Name
MARK D. BREAKSTONE & ASSOCIATES, P.A.



Principal Place of Business
**1247 S. MYRTLE AVE.
CLEARWATER, FL 33756**

Mailing Address
**1247 S. MYRTLE AVE.
CLEARWATER, FL 33756**

04043367



2. Principal Place of Business
1239 S. Myrtle Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1599
Suite, Apt. #, etc.

02282004 Chg-P CR2E034 (10/03)

City & State
Clearwater, FL 33756

City & State
Camarillo, CA

4. FEI Number
59-3067587

Applied For
Not Applicable

Zip Country
33756 USA

Zip Country
93011 USA

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

6. Name and Address of Current Registered Agent

**BREAKSTONE, MARK D
1247 S. MYRTLE AVE.
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
John M. McCormick
Street Address (P.O. Box Number is Not Acceptable)

501 E. Church Street
City **Orlando** **FL** Zip Code **32801**

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]*
Signature, typed or printed name of registered agent and title if applicable.

JOHN M. McCORMICK
(NOTE: Registered Agent signature required when reinstating)

3/31/04
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 **D** ☐ Delete
NAME **BREAKSTONE, MARK D**
STREET ADDRESS **1247 S. MYRTLE AVE.**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **P** ☐ Delete
NAME **BREAKSTONE, MARK D**
STREET ADDRESS **1247 SOUTH MYRTLE AVENUE**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Mark D. Breakstone**
STREET ADDRESS **P.O. Box 1599, Camarillo, CA 93011**
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Mark D. Breakstone**
STREET ADDRESS **P.O. Box 1599, Camarillo, CA 93011**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **MARK D. BREAKSTONE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 **805-987-8254**
Date Daytime Phone #