

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000101128

1. Entity Name  
MARKET PLACE STATION, INC.



Principal Place of Business  
11108 OVERCASH DR.  
DUNEDIN, FL 34698 US

Mailing Address  
11108 OVERCASH DR.  
DUNEDIN, FL 34698 US



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3609251

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TERRY, JOHN  
1917 ARVIS CIR. N.  
CLEARWATER, FL 33764

**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

INTEP Registered Agent signature required when transferring

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                    |
| NAME           | TERRY, KATHLEEN      |
| STREET ADDRESS | 1917 ARVIS CIR. N.   |
| CITY-ST-ZIP    | CLEARWATER, FL 33764 |
| TITLE          | D                    |
| NAME           | TERRY, JOHN          |
| STREET ADDRESS | 1917 ARVIS CIR. N.   |
| CITY-ST-ZIP    | CLEARWATER, FL 33764 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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04/12/04-80067-021 150.00

**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: *Kathleen Terry* Kathleen Terry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 727-530-0518  
Date Daytime Phone #