

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90190 016 ***550.00

DOCUMENT # S85299 1. Entity Name MARK-IT REALTY GROUP, INC.	
---	---

Principal Place of Business 3418 HANDY ROAD SUITE 102 TAMPA, FL 33618	Mailing Address 3418 HANDY ROAD SUITE 102 TAMPA, FL 33618
---	---

2. Principal Place of Business 332 West Bearss Avenue	3. Mailing Address 332 West Bearss Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, Florida	City & State Tampa, Florida
---------------------------------------	---------------------------------------

Zip 33613-1228	Country Hillsborough	Zip 33613-1228	Country Hillsborough
--------------------------	--------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent WEISS, MARK A 3418 HANDY ROAD, #102 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Weiss, Mark A. Street Address (P.O. Box Number is Not Acceptable) 332 West Bearss Avenue City Tampa FL Zip Code 33613-1228	
---	--	--	--

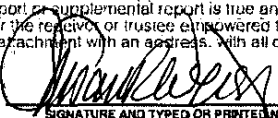
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PVP WEISS, MARK A 12403 N BLVD ST TAMPA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12403 N. Boulevard Tampa, FL 33612-4149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEISS, SUSAN R. 12403 N BLVD ST TAMPA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12403 N. Boulevard Tampa, FL 33612-4149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **Susan R. Weiss** **7-1-04** **813-968-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #