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	Mailing Address
3418 HANDY ROAD SUITE 102 TAMPA, FL 33618	3418 HANDY ROAD SUITE 102 TAMPA, FL 33618

07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
332 West Bearss Avenue	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

4. FEI Number: 59-3088188 ☐ Applied For ☐ Not Applicable

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

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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: [signature] Susan R. Weiss 7-1-04 813-968-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #