

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # S93560

1. Entity Name
LAW OFFICE OF SHERILYNNE MARKS, P.A.



Principal Place of Business
**1325 S. CONGRESS AVE
SUITE 114-B
BOYNTON BEACH, FL 33426 US**

Mailing Address
**1325 S. CONGRESS AVE
SUITE 114-B
BOYNTON BEACH, FL 33426 US**



03112003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0295018

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LUTHER, SHERILYNNE M
13255 S. CONGRESS AVE STE 114-B
BOYNTON BEACH, FL 33426**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MARKS, SHERILYNNE
1325 S. CONGRESS AVE STE 114-B
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000161058
05/20/04-80003-024 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04

Date

Daytime Phone #

**501 732-
8323**