

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90233 027 ***150.00

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
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2. Principal Place of Business 100 E. Linton Blvd.	3. Mailing Address 100 E Linton Blvd.
Suite, Apt. #, etc. SUITE 137A	Suite, Apt. #, etc. SUITE 137A

City & State Delray Beach FL	City & State Delray Beach FL
Zip 33483	Country US

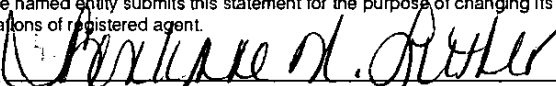

1st MOORE CR2E034 (10/04)

4. FEI Number 65-0295018	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUTHER, SHERILYNNE M 13255 S. CONGRESS AVE STE 114-B BOYNTON BEACH FL 33426	7. Name and Address of New Registered Agent Name Sherilynne M. Luther Street Address (P.O. Box Number is Not Acceptable) 100 E. Linton Blvd. Suite 137A City Delray Beach FL Zip Code 33483
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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  DATE **4-15-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, SHERILYNNE 1325 S. CONGRESS AVE STE 114-B BOYNTON BEACH FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P marks, Sherilynne 100 E. Linton Blvd. Ste 137A Delray Beach FL 33483 ☒ 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
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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  DATE **4-15-05** 561 278 3953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #