2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90233 027 ***150.00

1st MOORE CR2E034 (10/04)

DOCUMENT # **S93560**

1. Entity Name

LAW OFFICE OF SHERILYNNE MARKS, P.A.

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

2. Principal Place of Business	3. Mailing Address
100 E. Linton Blvd.	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	Zip: 33483 Country: US

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	7. Name and Address of New Registered Agent
LUTHER, SHERILYNNE M 13255 S.CONGRESS AVE STE 114-B BOYNTON BEACH FL 33426	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

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] 4-15-05
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
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	MARKS, SHERILYNNE		NAME	Marks, Sherilynne	
STREET ADDRESS	1325 S. CONGRESS AVE STE 114-B		STREET ADDRESS	100 E. Linton Blvd. Ste 137A	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	Delray Beach Fl 33483	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 4-15-05 561 278 3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #