

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V45010

1. Entity Name
MARKET ABILITY, INC.



Principal Place of Business
**9 SUNSHINE BLVD
ORMOND BEACH, FL 32174 US**

Mailing Address
**9 SUNSHINE BLVD
ORMOND BEACH, FL 32174 US**

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3128379

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32115-2491**

**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 resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME EDWARDS, MARK
STREET ADDRESS 552 JOHN ANDERSON
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME TUTTLE, ROBERT J.
STREET ADDRESS 425 PINE BLUFF TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME EDWARDS, STEPHANIE
STREET ADDRESS 552 JOHN ANDERSON
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME TUTTLE, ANDREA
STREET ADDRESS 425 PINE BLUFF TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000060605
02/23/04-80046-008 150.00

**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

2-5-04 386-6767157
Date Daytime Phone #