

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 026 ***150.00

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**

40027375



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3128379

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Edwards, Mark**
STREET ADDRESS **552 John Anderson Drive**
CITY-ST-ZIP **Ormond Beach, FL 32176**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Tuttle, Robert J.**
STREET ADDRESS **425 Pine Bluff Trail**
CITY-ST-ZIP **Ormond Beach, FL 32174**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Edwards, Stephanie**
STREET ADDRESS **552 John Anderson Drive**
CITY-ST-ZIP **Ormond Beach, FL 32176**

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

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

MARK EDWARDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05
Date

386-676-1157
Daytime Phone #