

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000090622

**Entity Name:** CMK OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12332 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12332 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223

**FEI Number:** 20-3074390

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOLASSA, RITA  
12332 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PTD  
Name           KOLASSA, RITA  
Address        12332 FLYNN WOODS ROAD  
City-State-Zip: JACKSONVILLE FL 32223

Title           VSD  
Name           BOLDAN, VASILE  
Address        12332 FLYNN WOODS ROAD  
City-State-Zip: JACKSONVILLE FL 32223

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RITA KOLASSA

**PRESIDENT**

**02/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date