


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H05069**  
1. Entity Name  
**MARKET FORCE CORPORATION**



Principal Place of Business  
**5807 S ATLANTIC AVE  
NEW SMYRNA BCH, FL 32169**

Mailing Address  
**5807 S ATLANTIC AVE  
NEW SMYRNA BCH, FL 32169**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2516059**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BIDDULPH, BERNA S.  
5807 S ATLANTIC AVE  
NEW SMYRNA BCH, FL 32169**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U00000629192  
02/16/07-80047-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIDDULPH, DAVID L. 5807 S ATLANTIC AVE NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BIDDULPH, BERNA S. 5807 S ATLANTIC AVE NEW SMYRNA BCH, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Berna S. Biddulph* **BERNA S. BIDDULPH** **2/7/07** **386-427-2914**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #