


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 A
Secretary of State

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| DOCUMENT # H05069 1. Entity Name MARKET FORCE CORPORATION |  |
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| Principal Place of Business 5807 S ATLANTIC AVE NEW SMYRNA BCH, FL 32169 | Mailing Address 5807 S ATLANTIC AVE NEW SMYRNA BCH, FL 32169 |
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2516059 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000017340
 02/14/08-80089-011 150.00

10. OFFICERS AND DIRECTORS

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| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BIDDULPH, BERNA S. 5807 S ATLANTIC AVE NEW SMYRNA BCH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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** 2/4/08 386-427-2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #