## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered

## May 02, 2006 8:00 am Secretary of State **DOCUMENT # J89933** 1. Entity Name 05-02-2006 90221 007 \*\*\*158.75 MARK PIERSON CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 501774 MARATHON FL 33050-1774 10877 OVERSEAS HWY MARATHON FL 33050 Haven Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State Sebastion 4. FEI Number 59-2842823 ebastion Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pierson Mark PIERSON, MARK Street Address (P.O. Box Number is Not Acceptable) 10877 OVERSEAS HWY **UNIT #93** Haven MARATHON FL 33050 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D ☐ Delete TITLE ☐ Addition Pierson, Mark PIERSON, MARK Haven Dr. STREET ADDRESS 10877 OVERSEAS HWY, UNIT #93 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARATHON FL 33050 TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change TITLE □ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

305-481-4539