

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L31732

1. Entity Name
MARK'S GRADALL SERVICE INC.



FILED
Feb 02, 2004 08:00 AM
Secretary of State

Principal Place of Business
%MARK ZORN
2202 COLUMBUS DR
BRANDON, FL 33510

Mailing Address
%MARK ZORN
2202 COLUMBUS DR
BRANDON, FL 33510



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2987062 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZORN, MARK
2202 COLUMBUS DR
BRANDON, FL 33510

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZORN, CHARLOTTE F
STREET ADDRESS 2202 COLUMBUS DRIVE
CITY- ST- ZIP BRANDON, FL 33510

TITLE V
NAME SEAMAN, MICHAEL C
STREET ADDRESS 3631 WOODHILL DRIVE
CITY- ST- ZIP BRANDON, FL 33511

TITLE ST
NAME SEAMAN, CHARLEEN F
STREET ADDRESS 3631 WOODHILL DRIVE
CITY- ST- ZIP BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000024328
02/02/04-80062-001 150.00

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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: CHARLOTTE FAY ZORN PRESIDENT

Date

1-29-04

Notary Public #