

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90113 002 ***150.00

DOCUMENT # L31732
 1. Entity Name
MARK'S GRADALL SERVICE INC.



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

50026199



2. Principal Place of Business 3. Mailing Address
 1112 Shady Lane 1112 Shady Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State City & State
 Riverview FL Riverview FL
 Zip Country Zip Country
 33569 USA 33569 USA

4. FEI Number Applied For
 -60-2087062-59-2981062 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1112 Shady Lane
 City Riverview FL Zip Code 33569

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZORN, CHARLOTTE F 2202 COLUMBUS DRIVE BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1112 Shady Lane Riverview FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEAMAN, MICHAEL C 3631 WOODHILL DRIVE BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2529 Brimhollow Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEAMAN, CHARLEEN F 3631 WOODHILL DRIVE BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2529 Brimhollow Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Zorn* President 3-10-05 (813)234-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #