

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L31732

**FILED**  
**May 03, 2006**  
**Secretary of State**

**Entity Name:** MARK'S GRADALL SERVICE INC.

**Current Principal Place of Business:**

11112 SHADY LANE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11112 SHADY LANE  
2202 COLUMBUS DR  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-2981062      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZORN, MARK  
11112 SHADY LANE  
RIVERVIEW, FL 33569      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ZORN, CHARLOTTE F  
Address: 11112 SHADY LANE  
City-St-Zip: RIVERVIEW, FL 33569

Title: V      ( ) Delete  
Name: SEAMAN, MICHAEL C  
Address: 2529 BRIM HOLLOW  
City-St-Zip: VALRICO, FL 33594

Title: ST      ( ) Delete  
Name: SEAMAN, CHARLEEN F  
Address: 2529 BRIM HOLLOW  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE FAY ZORN

P

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date