


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L31732 1. Entity Name MARK'S GRADALL SERVICE INC.	
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Principal Place of Business 11112 SHADY LANE RIVERVIEW, FL 33569	Mailing Address 11112 SHADY LANE 2202 COLUMBUS DR. RIVERVIEW, FL 33569
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2981062	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

**ZORN, MARK
11112 SHADY LANE
RIVERVIEW, FL 33569**

DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS

TITLE P	ZORN, CHARLOTTE F 11112 SHADY LANE RIVERVIEW, FL 33569
TITLE V	SEAMAN, MICHAEL C 2529 BRIM HOLLOW VALRICO, FL 33594
TITLE ST	SEAMAN, CHARLEEN F 2529 BRIM HOLLOW VALRICO, FL 33594
TITLE 	
TITLE 	
TITLE 	

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03/06/08-80051-001 150.00

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: Charlotte F. Zorn **Charlotte F. ZORN President 2-25-08** 813-234-9864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #