2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am Secretary of State **DOCUMENT # 243394** 1. Entity Name 02-12-2007 90111 016 ***150.00 MARKS LANDSCAPE & PAVING CO Principal Place of Business Mailing Address 829 BENOIST FARMS ROAD P. O. BOX 15023 WEST PALM BEACH FL 33416-5023 WEST PALM BEACH FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-0919254 City & Stato City & State Applied For Not Applicable Zip Country Zip 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 MARKS, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 829 BENOIST FARMS RD WEST PALM BEACH FL 33411 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE THE X Change ☐ Delete MARKS, RICHARD C. NAME NAME 8762 150th Court North 3812 BUTTERCUP CIR. SO. STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL Palm Beach Gardens, Fl. 33418 CITY-SI-ZIP CHTY - ST- ZIP ☐ Delele HILL. Vice-President Change X Addition NAME Catherine Y. Marks STREET ADDRESS STREET ADDRESS 8762 150th Court North Palm Beach Gardens, FI. 33418 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition Secretary/Treasurer NAME NAME Richard -C. Marks STREET ADDRESS STREET ADDRESS 8762 150th Court North CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, Fl. 33418 THLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP 1 CITY-S1-ZIP THE ☐ Defete 11111 Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAM STREET ADDRESS STREET ADDRESS C(TY-ST-7IP CITY-ST-7IP

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SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Design Prove &

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