


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 361124	
1. Entity Name MAR-KED INC	

Principal Place of Business 3686 WOODVILLE HWY TALLAHASSEE FL 32305	Mailing Address 3686 WOODVILLE HWY TALLAHASSEE FL 32305
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent CORNELIUS, EDWARD H 20 PANTHER RD. CRAWFORDVILLE FL 32327	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 registering)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P CORNELIUS, EDWARD H
STREET ADDRESS	20 PANTHER RD.
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	S CORNELIUS, ROBERT
STREET ADDRESS	HIDDEN GARDEN LANE
CITY-ST-ZIP	WOODVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	D CORNELIUS, MARCUS
STREET ADDRESS	176 KINGSTON DR
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	<input type="checkbox"/> Delete
NAME	V VANTRES, THOMAS K
STREET ADDRESS	397 KIMS LOOP
CITY-ST-ZIP	LAMONT FL 32336
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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.

SIGNATURE <i>Edward H. Cornelius</i> Edward H. Cornelius 2-8-08 (850) 942-5739	DATE	DAYTIME PHONE #
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