## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 01, 2007 08:00 AM **DOCUMENT #677264 Secretary of State** 1. Entity Name M. F. REARK, INC. Principal Place of Business Mailing Address 2751 US 27 S 2751 US 27 S AVON PARK, FL 33825 AVON PARK, FL 33825 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2046474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REARK, M F DO NOT WRITE 2751 US 27 S AVON PARK, FL 33825 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees U00000614564 10. OFFICERS AND DIRECTORS **PVS** TITLE REARK, M. F. NAME STREET ADDRESS 2751 US 27 S CITY-ST-ZIP AVON PARK, FL TITLE RÉARK, M. F. NAME STREET ADDRESS 2751 US 27 S CITY-ST-ZIP AVON PARK, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP

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** 

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS