

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F9500003171

1. Entity Name  
 MARKER GRAPHICS, INC.



Principal Place of Business  
 4784 N CARL ROSE HWY  
 HERNANDO FL 34442  
 US

Mailing Address  
 7534 E APPLEWOOD DR  
 INVERNESS FL 34450  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number 34-1671971

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKER, JOHN L PT  
 7534 E. APPLEWOOD DR.  
 INVERNESS FL 34450

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 - applicable.

(NOTE: Registered Agent: signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PT  
 NAME: MARKER, JOHN L  Delete  
 STREET ADDRESS: 7534 E APLEWOOD DR  
 CITY-ST-ZIP: INVERNESS FL 34450

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VPS  
 NAME: MARKER, RICHARD E II  Delete  
 STREET ADDRESS: 4932 HARBORWOODS DR  
 CITY-ST-ZIP: PALM HARBOR FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: 05/30/07-80051-004 550.00  
 CITY-ST-ZIP:

TITLE: D  
 NAME: MARKER II, RICHARD E  Delete  
 STREET ADDRESS: 4932 HARBOR WOODS DR  
 CITY-ST-ZIP: PALM HARBOR FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  
 NAME: MARKER, JOHN L  Delete  
 STREET ADDRESS: 7534 E APPLEWOOD DR  
 CITY-ST-ZIP: INVERNESS FL 34450

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Change  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:

*John L Marker*  
 John L Marker

5/15/07 352-229-3504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #