


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**2. Mar 12, 2008 8:00 am
Secretary of State**

02-12-2008 90019 042 ***150.00

DOCUMENT # H16919 1. Entity Name MARK FRENCH PLASTERING, INC.	
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Principal Place of Business 6975 HANGING VINE WAY TALLAHASSEE, FL 32311	Mailing Address 6975 HANGING VINE WAY TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2450041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRENCH, MARK -
6975 HANGING VINE WAY
TALLAHASSEE, FL 32317**

**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 re-registering) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRENCH, MARK F. 6975 HANGING VINE WAY TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRENCH, DEBORAH K 6975 HANGING VINE WAY TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mark French 3-11-08 850-656-3005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #