2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27844

1. Entity Name
RICHARD D. MARS, P.A.

Principal Place of Business	Mailing Address
343 W. DAVIDSON STREET, SUITE #103 BARTOW, FL 33830	343 W. DAVIDSON STREET, SUITE #103 P O BOX 1276 BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE

02152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2459100	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARS, RICHARD D
343 W. DAVIDSON STREET, SUITE #103
SUITE 103
BARTOW, FL 33830

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 _____   2/22/08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000836377 03/04/08-80015-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	MARS, RICHARD D
STREET ADDRESS	343 W DAVIDSON ST, #103
CITY-ST-ZIP	BARTOW, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2/22/08   863-533-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #