

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90014 038 \*\*\*550.00

**DOCUMENT # J37915**

1. Entity Name

MARKLE CONSTRUCTION, INC.



Principal Place of Business

5868 LAKEVILLE RD  
ORLANDO FL 32818

Mailing Address

5868 LAKEVILLE RD  
ORLANDO FL 32818



2. Principal Place of Business

5868 LAKEVILLE RD ORLANDO  
Suite, Apt. #, etc.

3. Mailing Address

5868 LAKEVILLE RD  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-2733717

Applied For

Not Applicable

Zip

32818

Country

ORLANDO

Zip

32818

Country

ORLANDO

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARKLE, CRAIG  
5868 LAKEVILLE RD  
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE P ☐ Delete  
NAME MARKLE, CRAIG  
STREET ADDRESS 5868 LAKEVILLE RD  
CITY-ST-ZIP ORLANDO FL 32818

TITLE VP ☐ Delete  
NAME MARKLE, CRAIG  
STREET ADDRESS 5868 LAKEVILLE RD  
CITY-ST-ZIP ORLANDO FL 32818

TITLE S ☐ Delete  
NAME GOODSON, WALTER R  
STREET ADDRESS P.O. BOX 1941  
CITY-ST-ZIP WINDERERE FL 32786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Craig Markle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-06 407-290-1899