


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90035 024 ***150.00

DOCUMENT # J45960 1. Entity Name MARK CRAVENS, INC.		
Principal Place of Business 533 SPRING LAKES BLVD BRADENTON FL 34210 US		Mailing Address 533 SPRING LAKES BLVD BRADENTON FL 34210 US
2. Principal Place of Business - No P.O. Box # 4263 Cascade Falls Dr. Suite, Apt. #, etc.	3. Mailing Address 4263 Cascade Falls Dr. Suite, Apt. #, etc.	
City & State Sarasota, FL. Zip 34243	City & State Sarasota, FL. Zip 34243	Country U.S.A.
4. FEI Number 59-2765228		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 CRAVENS, MARK 533 SPRING LAKES BLVD BRADENTON FL 34210		7. Name and Address of New Registered Agent Name Mark Cravens Street Address (P.O. Box Number is Not Acceptable) 4263 Cascade Falls Dr. City Sarasota FL Zip Code 34243
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD CRAVENS, MARK 533 SPRING LAKES BLVD BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CRAVENS, MARK 533 SPRING LAKES BLVD. BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mark Cravens Mark Cravens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Feb. 26, 2008 941-545-6782 <small>Date Date of Filing</small>