

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45960

Entity Name: MARK CRAVENS, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4263 CASCADE FALLS DR
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

4263 CASCADE FALLS DR
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2765228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVENS, MARK
4263 CASCADE FALLS DR
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

CRAVENS, JAN M PRES
4263 CASCADE FALLS DR
SARASOTA, FL 34243 US

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.

SIGNATURE: JAN M CRAVENS

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVTD () Delete
Name: CRAVENS, MARK
Address: 533 SPRING LAKES BLVD
City-St-Zip: BRADENTON, FL 34210 US

Title: PRES () Delete
Name: CRAVENS, MARK
Address: 533 SPRING LAKES BLVD.
City-St-Zip: BRADENTON, FL 34210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRAVENS, JAN M
Address: 4263 CASCADE FALLS DR
City-St-Zip: SARASOTA, FL 34243 US

Title: PRES (X) Change () Addition
Name: CRAVENS, JAN M
Address: 4263 CASCADE FALLS DR
City-St-Zip: SARASOTA, FL 34243 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN M CRAVENS

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date