2004 FOR PROFIT CORPORATION

FILED Feb 02, 2004 8:00 am Secretary of State

36 ***150.00

ANN	Secretary of	
DOCUMENT # J8806 1. Entity Name MARK II PRODUCTION SERV		02-02-2004 90028 03
Principal Place of Business	Mailing Address	·
6005 POWERS AVEN RD. SUITE 101/102	3033-1 HARTLEY RD Jacksonville, FL 32257	2400611
JACKSONVILLE, FL 32217		
2. Principal Place of Business	3. Mailing Address 3000-3 Hartley Ko	
0.24 4 4 4 4		

	and the second of the second o			
Principal Place	e of Business	Mailing Address	T	
6005 POWER		3033-1 HARTLEY RD		24006114
SUITE 101/10 JACKSONVILLI		JACKSONVILLE, FL 3	2257	D 1000121
2. Principal Pla	lace of Business	3. Mailing Address 3000-3 Hal	tley Road	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , , ,	01072004 Chg-P CR2E034 (10/03)
City & State	е	Jail & State Jailsonu	· Ile FL	4. FEI Number Applied For 59-2879659 Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	of Registered Agent	45A	Fee Required 7: Name and Address of New Registered Agent
	o. Name and Address of Carte	in neglatered Agent	Name	7. Name and Address of New negistered Agent
HUISINGA,			Stroot Address	s (P.O. Box Number is Not Acceptable)
3000-3 HAI	RTLEY RD VILLE, FL 32257		Street Addres	S (F.O. BOX Number is Not Acceptable)
0710110011	11000			
			City	FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.	to the perpose of changing	no regionarea emes en regio	Action agosti, or both, in the blace of Florida. Fair lating with, and accept
signature_				
*SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registered Agent signature requ	ared when reinstating) DATE
		O Floring Com	antes Francisco	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Co		65.00 May Be Indeed to Fees
			La	APPLY ON A COUNTY OF THE PROPERTY OF THE PROPE
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME	KOHL, MARK	L Delete	NAME	Change Additi
STREET ADDRESS	6005 POWERS AVENUE #101	-102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	***************************************
TITLE		☐ Delete	TITLE	☐ Change ☐ Additi
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Additi
NAME		CT Deserts	NAME	Change Moduli
STREET ADDRESS		•	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additi
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additi
NAME		La Delete	NAME	Onlings Mobili
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	4
12. I hereby of indicated of the cor.	certify that the information supplied worthis report or supplemental report	vith this filing does not qualify this true and accurate and the	for the exemption stated in at my signature shall have the ort as required by Chapter 4	Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears in Block 10 or Block 11
or trie corp changed,	, or on an attachment with an addres	s, with all other like empower	on as required by Chapter (ed.	ooz, monda olatutes, and that my hame appears in Block 10 or Block 11

Daytime Phone #