

04/23/2004 17:27 8136890242

CURRY & ASSOCIATES

FILED

May 05, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J90663

1. Entity Name
M.R.K. CONSTRUCTION, INCORPORATED

Principal Place of Business

750 W. LUMSDEN RD
BRANDON, FL 33511

Mailing Address

750 W. LUMSDEN RD
BRANDON, FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2848792Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR, ESQ
750 W. LUMSDEN RD
BRANDON, FL 33511

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSTD
KRETZINGER, MICHAEL
23110 STATE ROAD 54
LUTZ, FL 33549 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000156484
05/05/04-80080-004 150.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (813) 235-9393

Date

Daytime Phone #