2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM Secretary of State

DOCL	MENT	# P000	1001 <i>1</i>	13395

1. Entity Name

MARK AMERMAN, INC.



Principal Place of Business

394 SE HUSTED TER PORT ST LUCIE, FL 34983 Mailing Address

394 SE HUSTED TER PORT ST LUCIE, FL 34983



DO NOT WRITE IN THIS SPACE

03142007	No Chg-P	CR2E034 (11	1/05)
4. FEI Number	1		Applied For
65-1068923			Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERMAN, MARK

DO NOT WRITE

PORT ST LUCIE, FL 34983			IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered Agen	l signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	0	\$5.00 May Be Added to Fees	U00000671325 03/28/07-80024-007 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P AMERMAN, MARK 394 SE HUSTED TERRACE PORT SAINT LUCIE, FL 34983	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			·	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· ,	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director.					