## 2007 FOR PROFIT CORPORATION

## Mar 29, 2007 08:00 A **ANNUAL REPORT** Secretary of State **DOCUMENT # P01000011471** 1. Entity Name MARK GROSS, INC. Principal Place of Business Mailing Address 12932 MARIBOU CIR 12932 MARIBOU CIR ORLANDO, FL 32828 ORLANDO, FL 32828 03152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3694077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GROSS, MARK 12932 MARIBOU CIR ORLANDO, FL 32828 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9: Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 · 🗆 ` Trust Fund Contribution. Added to Fees: After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GROSS, MARK 12932 MARIBOU CIR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 ITTLE U00000682094 04/04/07-80072-011 150.0b STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #

**FILED**