

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000057785**

1. Entity Name  
**MARK KENYON, INC.**



**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**9935 LAKEVIEW DRIVE  
NEW PORT RICHEY, FL 34654**

Mailing Address  
**9935 LAKEVIEW DRIVE  
NEW PORT RICHEY, FL 34654**



02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3724447**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KENYON, MARK  
9935 LAKEVIEW DRIVE  
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE  
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 Mark Kenyon X Mark Kenyon 2-21-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 17, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KENYON, MARK  
STREET ADDRESS 9935 LAKEVIEW DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE VST  
NAME KENYON, JOANNE  
STREET ADDRESS 9935 LAKEVIEW DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

U000000646271  
03/06/07-80024-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: X Mark Kenyon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07 869-9780  
Date Daytime Phone #

Mark Kenyon