2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 06, 2005 08:00 AN Secretary of State DOCUMENT # P02000095292 1. Entity Name MARK STAPLETON, INC. Mailing Address Principal Place of Business P.O. BOX 273661 P.O. BOX 273661 TAMPA, FL 33688 TAMPA, FL 33688 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. 04282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0744493 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAPLETON, MARK Street Address (P.O. Box Number is Not Acceptable) 3802 EHRLICH ROAD TAMPA, FL 33624 City Zio 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 agant and title % applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Change TITLE ☐ Delete TITLE NAME STAPLETON, MARK NAME 05/06/05-80026-016 150.00 STREET ADDRESS 3802 EHRLICH ROAD STREET ADDRESS CITY-ST-ZU TAMPA, FL. 33624 CITY-ST-ZIP πne Delete TITL 6 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mie Change Addition NAME NAME STREET ADORESS STREET ADDRESS CTTY-ST-71P CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED