## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P02000116375 MARK OF EXCELLENCE CONSTRUCTION, INC.

Principal Place of Business

1. Entity Name

15166 136TH JERRACE NORTH JUPITER, FL 33478

Mailing Address

15166 136TH TERRACE NORTH JUPITER, FL 33478



DO NOT WRITE IN THIS SPACE

4202005	No Chg-P	CR2E034 (10/03)	

Applied For 4. FEI Number 36-4511611 Not Applicable \$8.75 Additional

5.	Certificate	of	Status	Desired
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Fee Required

561-301-5868

G. Harrie and Address of Carrent Figure 100 Address					
SMITH, MARK W 15166 136TH TERRACE NORTH JUPITER, FL 33478	· <u>-</u> .		-		
JUPHEN, FL 33470					

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE 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 1, 2005 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing . 🏻	\$5.00 May Be Added to Fees	000000324905 04/22/05-80108-020 158.7	5
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT SMITH, MARK W 15166 136TH TERRACE NORTH JUPITER, FL 33478		1-			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S SMITH, CAROL A 15166 136TH TERRACE NORTH JUPITER, FL 33478					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i.	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exen and accurate and that my signate to execute this report as require other like empowered.	nption state ire shall haved ad by Chap	d in Section 119.07(3)( ve the same legal effecter 607, Florida Statute	(i), Florida Statutes. I further certify that the information as if made under eath, that I am an officer or directly, and that my name appears in Block 10 or Block	on otor 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR