

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90024 039 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # P02929</b><br>1. Entity Name<br><b>MARKET SQUARE, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>1415 TIMBERLANE RD.<br/>SUITE #217<br/>TALLAHASSEE, FL 32312 US</b>  |   |  | Mailing Address<br><b>1415 TIMBERLANE RD.<br/>SUITE #217<br/>TALLAHASSEE, FL 32312 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1471 Timberlane Rd.</b><br>Suite, Apt. #, etc.<br><b># 126</b><br>City & State<br><b>Tallahassee, FL.</b><br>Zip<br><b>32312</b> Country<br><b>US</b>   |   | 3. Mailing Address<br><b>1471 Timberlane Rd.</b><br>Suite, Apt. #, etc.<br><b># 126</b><br>City & State<br><b>Tallahassee, FL.</b><br>Zip<br><b>32312</b> Country<br><b>US</b> |  |  |  |
| 4. FEI Number<br><b>98-0064507</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  | 01282008 Chg-P CR2E034 (12/06)                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CRONA, WILLIAM D<br/>1415 TIMBERLANE RD.<br/>TALLAHASSEE, FL 32312</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1471 Timberlane Rd. #126</b><br>City<br><b>FL</b> Zip 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.<br>SIGNATURE <span style="float: right;">2/1/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>COHEN, IZAAK<br/>LLOYD G. SMITH BLVD. 12<br/>ARUBA, NETH ANTILLES,</b>           | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>EVPT<br/>CRONA, WILLIAM D<br/>1415 TIMBERLANE RD STE 217<br/>TALLAHASSEE, FL 32312</b> | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - - - -   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - - - -   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - - - -   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - - - -   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - - - -   | <input type="checkbox"/> Delete  |  |  |  |
| 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: <span style="float: right;">2/1/08</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                  |  |  |
| 893-9133   |   |  | Date<br>Daytime Phone #  |  |  |