

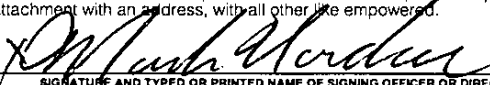


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90014 017 \*\*\*150.00

DOCUMENT # P03000059017					
1. Entity Name <b>MARK NARDONE ENTERPRISES INC.</b>					
Principal Place of Business <b>809 CONSTITUTION BLVD. INVERNESS, FL 34453</b>			Mailing Address <b>809 CONSTITUTION BLVD. INVERNESS, FL 34453</b>		
2. Principal Place of Business <b>707 W DAMPIER ST</b>		3. Mailing Address <b>707 W DAMPIER ST</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50064284</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>08292005</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>INVERNESS FL</b>		City & State <b>INVERNESS FL</b>			
Zip <b>34450-4043</b>		Country <b>CITRUS</b>		4. FEI Number <b>56-2358712</b>	
Zip <b>34450-4043</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NARDONE, MARK 809 CONSTITUTION BLVD. INVERNESS, FL 34453</b>			7. Name and Address of New Registered Agent Name <b>MARK NARDONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 W DAMPIER ST</b> City <b>INVERNESS</b> <b>FL</b> Zip Code <b>34450</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARDONE, MARK 809 CONSTITUTION BLVD. INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK NARDONE 707 W DAMPIER ST INVERNESS FL 34450-4043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		8-29-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			