2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000118295

1. Entity Name

MARK ESTES CREATIONS INC.



FILED Mar 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

P 0 B0X 1632

DEFUNIAK SPRINGS, FL 32433

D A DOV 4633

P O BOX 1632 DEFUNIAK SPRINGS, FL 32433



DO NOT WRITE IN THIS SPACE

03022007	No Chg-P	CR2E034 (11/05)

4. FEI Number 47-0934658 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

		Registered	

ESTES, MARK 25 WEST DOGWOOD AVENUE DEFUNIAK SPRINGS, FL 32433

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its register	1 ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	id Agent signature	required when renstating)	DATE
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		. ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, MARK A 25 WEST DOGWOOD AVENUE DEFUNIAK SPRINGS, FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					·

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-157

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Daytime Prione #