2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # P03000120719** 1. Enlity Name MARK TIBBETTS, INC. Principal Place of Business Mailing Address 3185 SEA GRAPE DRIVE 3185 SEA GRAPE DRIVE SPRING HILL FL 34607 SPRING HILL FL 34607 03222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0082555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIBBETTS, MARK DO NOT WRITE 3185 SEA GRAPE DRIVE SPRING HILL, FL 34607 IN THIS SPACE 6. 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 agent and title if applicable PYOTE: Registered Agent signature required when reinstaling) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PVP TIBBETTS, MARK NAME 3185 SEA GRAPE DRIVE STREET ADDRESS SPRING HILL, FL 34607 CITY-ST-ZIP annini 1456180 TITLE 34/22/06-8000**2-021 150.00** NAME STREET ADDRESS C874-ST-219 TITLE NAME STREET ACCRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE THLE NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED