

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 008 ***150.00

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000125626 1. Entity Name MARK A STREMMELL INC.					
Principal Place of Business 9325 BOLTON AVE. HUDSON, FL 34667 US			Mailing Address 9325 BOLTON AVE. HUDSON, FL 34667 US		
2. Principal Place of Business <i>1046 Embassy Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>1046 Embassy Ave</i> Suite, Apt. #, etc.			
City & State <i>Spring Hill FL</i>		City & State <i>Spring Hill FL</i>		4. FEI Number 59-3755038	
Zip <i>34606</i>		Country <i>Hernando</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STREMMELL, MARK A 9325 BOLTON AVE. HUDSON, FL 34667				7. Name and Address of New Registered Agent Name <i>Mark Stremmell</i> Street Address (P.O. Box Number is Not Acceptable) <i>1046 Embassy Ave</i> City <i>Spring Hill</i> FL Zip Code <i>34606</i>	
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 <i>[Signature]</i> DATE <i>4-29-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STREMMELL, MARK A 9325 BOLTON AVE. HUDSON, FL 34667 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francisco VAZQUEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1046 Embassy Ave Spring Hill FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RONALD 9325 BOLTON AVE. HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francisco VAZQUEZ <input type="checkbox"/> Delete 1046 Embassy Ave Spring Hill FL 34606		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"/> Delete		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"/> Delete		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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-29-05</i> <small>Date</small>		