2006 FOR PROFIT CORPORATION

changed, or on an attachment with an ardress

SIGNATII

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000125626 05-05-2006 90167 013 ***150.00 1. Entity Name MARK A STREMMELL INC. Principal Place of Business Mailing Address 1046 EMBASSY AVENUE 1046 EMBASSY AVENUE SPRING HILL FL 34606 SPRING HILL, PL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 05012006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 59-3755038 Not Applicable brooksv \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STREMMEL STREMMELL, MARK A -1046 EMBASSY AVENUE SPRING HILL, FL 34606 BROOKSVILLE the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subthe obligations of registered 06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition ☐ Delete D PAYMOND PATTERSON 18018 CELTA AVE. ☐ Change TITLE TITLE STREMMELL, MARK A NAME NAME 9825 BOLTON AVE STREET ADORESS STREET ADDRESS HUDSON FL 34667 BROOKSVILLE FL 34604 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 🔀 Delete TITLE TITLE MARK A.STREMMELL 18018 CELIA AVE. NAME VAZQUEZ, FRANCISCO 1046 EMBASSY AVENUE STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34606 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 trusted among the composition of the receiver or trusted among the composition of the corporation or an attachment with a graphers of which all other like ampowered.

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