2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 24, 2008 08:00 A Secretary of State

DOCUMENT # P03000130866 1. Ertity Name MARK S. HERRING, INC.					, C	eer eta	ary or St
8117 CRYST	Principal Place of Business Mailing Address 8117 CRYSTAL WELLS PLACE 8117 CRYSTAL WELLS PL PENSACOLA, FL 32514 PENSACOLA, FL 32514			4 (89888) 7	, which has done each com	ı ildər işiya apalı i	4 1100 412201 8 (50)
Ē	O NOT WRITE 6. Name and Address of Current Re	CE.	01132008 No Chg-P				
HERRING, MARK S 8117 CRYSTAL WELLS PLACE PENSACOLA, FL 32514				DO NOT WRITE IN THIS SPACE			
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed memoral of registered agent with higher or printed memoral of registered agent. (NOTE: Registered Agent signature required required memoral of registered agent.)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May 6e led to Fees			
10. Title Name Street aluness City-St-Zip	OFFICERS AND DIF D HERRING, MARK S 8117 CRYSTAL WELLS PLACE PENSACOLA, FL 32514	ECTORS			U00000 01/24/08-(792633 792633	- 100 10
NAME STREET AUDHESS CITY-ST-ZIP					Miketro-,	3UU <u>I</u> JTW <u>G</u> ,	3 15U.UU
NAME STREET ADURESS CITY-ST-ZIP				DØ	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SP	ACE	
TITLE NAME STREET AUDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIH							

12. Thereby certify that the information supplied with this filing 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 each; 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:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08

1850) 484 9758

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