

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142111

Entity Name: MARK, INC.

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

239 S COMMERCE AVENUE  
SEBRING, FL 33870

## New Principal Place of Business:

5073 LAKE REGENCY DRIVE  
SEBRING, FL 33875

## Current Mailing Address:

239 S COMMERCE AVENUE  
SEBRING, FL 33870

## New Mailing Address:

5073 LAKE REGENCY DRIVE  
SEBRING, FL 33875

FEI Number: 51-0490469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPP, ARLAN D  
239 S COMMERCE AVENUE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

SAPP, ARLAN D  
5073 LAKE REGENCY DRIVE  
SEBRING, FL 33875 US

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.

SIGNATURE:

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SAPP, ARLAN D  
Address: 239 S COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870 US

Title: DVP ( ) Delete  
Name: LAGROW, KENNETH D  
Address: 3012 CREEKSIDE CT  
City-St-Zip: SEBRING, FL 33875

Title: DS ( ) Delete  
Name: LAGROW, RHONDA K  
Address: 3012 CREEKSIDE CT  
City-St-Zip: SEBRING, FL 33875

Title: DT ( ) Delete  
Name: SAPP, MARY C  
Address: 239 S COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SAPP, ARLAN D  
Address: 5073 LAKE REGENCY DRIVE  
City-St-Zip: SEBRING, FL 33875 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: SAPP, MARY C  
Address: 5073 LAKE REGENCY DRIVE  
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C SAPP

TREA

04/19/2009

Electronic Signature of Signing Officer or Director

Date