


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000003550</b> 1. Entity Name <b>MARK A SPALDING SERVICES, INC</b>	
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Principal Place of Business <b>2222 TEA STREET PORT CHARLOTTE, FL 33948 US</b>	Mailing Address <b>2222 TEA STREET PORT CHARLOTTE, FL 33948 US</b>
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>90-0128540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SPALDING, SUZANNE 2222 TEA STREET PORT CHARLOTTE, FL 33948</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT SPALDING, MARK A 2222 TEA STREET PORT CHARLOTTE, FL 33948</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAT SPALDING, SUZANNE 2222 TEA STREET PORT CHARLOTTE, FL 33948</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/01/07-80087-008 150.00

12. I hereby 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 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:**  **Suzanne Spalding** 4-17-07 9416286880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #