


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90025 014 ***150.00

DOCUMENT # P04000005693 1. Entity Name MARK STRAQUADINE, INC																													
Principal Place of Business 321 NORTH CANDLE POINT CRYSTAL RIVER, FL 34429 US			Mailing Address 321 NORTH CANDLE POINT CRYSTAL RIVER, FL 34429 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04182006 Chg-P CR2E034 (11/05) 4. FEI Number 81-0637453 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KING, JAMES P CPA 1932 DREW ST #2 CLEARWATER, FL 33765																									
7. Name and Address of New Registered Agent Name MARK Straquadine Street Address (P.O. Box Number is Not Acceptable) 321 N candle Pt City CRYSTAL RIVER FL Zip Code 34429				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 <u><i>Mark Straquadine</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 - After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAQUADINE, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>321 NORTH CANDLE POINT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRYSTAL RIVER, FL 34429</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	STRAQUADINE, MARK		STREET ADDRESS	321 NORTH CANDLE POINT		CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 I am empowered.																													
SIGNATURE: <u><i>Mark Straquadine</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													