

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-06-2005 90093 046 ***150.00

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|--|---------------------------------|---------------------------|---|--|--|
| DOCUMENT # P04000015713 | | | | | |
| 1. Entity Name MARK CLINE CONSTRUCTION, INC. | | | | | |
| Principal Place of Business 1828 LIME TREE DR EDGEWATER FL 32132 | | | Mailing Address 1828 LIME TREE DR EDGEWATER FL 32132 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-0728784 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLINE, MARK 1828 LIME TREE DR EDGEWATER FL 32132 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE _____ NAME CLINE, MARK STREET ADDRESS 1828 LIME TREE DR CITY- ST- ZIP EDGEWATER FL 32132 | <input type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 info empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>5/2/05</u> Daytime Phone # <u>386 547-5402</u> | | |