

2012 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000091298

1. Entity Name
MARK HOLLENBECK, INC.



Principal Place of Business
9224 SE 110TH ST RD
BELLEVIEW, FL 34420 US

Mailing Address
9224 SE 110TH ST RD
BELLEVIEW, FL 34420 US

2. Principal Place of Business - No P.O. Box #
9224 SE 110 ST RD
Suite, Apt. #, etc.

3. Mailing Address
9224 SE 110 ST RD
Suite, Apt. #, etc.

05102012 Chg-P CR2E034 (12/11)

City & State
Belleview FL
Zip
34420
Country
USA

City & State
Belleview FL
Zip
34420
Country
USA

4. FEI Number
11-3748563
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLENBECK, MARK A P
9224 SE 110 ST RD
BELLEVIEW, FL 34420

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 \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOLLENBECK, MARK A P
STREET ADDRESS 9224 SE 110TH ST RD
CITY-ST-ZIP BELLEVIEW, FL 34420 ☐ Delete

TITLE VP
NAME HOLLENBECK, MARY G VP/S
STREET ADDRESS 9224 SE 110TH ST RD
CITY-ST-ZIP BELLEVIEW, FL 34420 ☐ Delete

TITLE S
NAME STRAUB, JOHN S
STREET ADDRESS 13598 SE 464 C
CITY-ST-ZIP OCKLAWAHA, FL 32179 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200235936172
06/05/12--01018--007 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
JUN - 15 2012
S. TONER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Mark Hollenbeck DATE: 6/24/2012 E-MAIL ADDRESS: SettlerGether@yahoo.com