


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P04000095069</b><br>1. Entity Name<br><b>MARK PERRY CONSTRUCTION, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>241 MASON RD<br/>MELROSE FL 32666</b> | Mailing Address<br><b>241 MASON RD<br/>MELROSE FL 32666</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| State, Apt. #, etc.                            | State, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE CR2E034 (10/07)

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PERRY, JOHN MARK<br/>241 MASON RD<br/>MELROSE FL 32666</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|---|

|                                 |  |
|---------------------------------|--|
| 4. FEI Number <b>20-1395690</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                |  |
|--------------------------------|--|
| 9. Election Campaign Financing | <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | D<br>PERRY, JOHN MARK <input type="checkbox"/> Delete |
| NAME                       | 241 MASON RD  |
| STREET ADDRESS             | MELROSE FL 32666                                      |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>U00000797538</b>   |
| STREET ADDRESS  | <b>01/29/08-80077-009 150.00</b>                                  |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *John Mark Perry* (JOHN MARK PERRY) 1/23/08 (352) 475-1179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #