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Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 044 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061384

1. Entity Name
MARK OGLES, P.A.

Principal Place of Business	Mailing Address
504 137TH STREET WEST BRADENTON, FL 34202	504 137TH STREET WEST BRADENTON, FL 34202

07152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
803 Fairway Cove Lane #4	2840 Manatee Ave E
Suite, Apt. #, etc. #103	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: Bradenton FL
Zip: 34202 Country: MANATEE	Zip: 34208 Country: MANATEE

4. FEI Number: 20-2747862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OGLES, MARK 504 137TH STREET WEST BRADENTON, FL 34202	Name: ~~Mark~~ OGLES, MARK Street Address (P.O. Box Number is Not Acceptable): 2840 MANATEE AVE E City: BRADENTON FL Zip Code: 34208

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] PA 7/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: OGLES, MARK STREET ADDRESS: 504 137TH STREET WEST CITY-ST-ZIP: BRADENTON, FL 34202	☐ Delete	TITLE: P NAME: Ogles, Mark STREET ADDRESS: 2840 Manatee Ave E CITY-ST-ZIP: Bradenton, FL 34208	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] PA 7/24/06 941-747-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

/Mark Ogles PA