

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 043 ***150.00

DOCUMENT # P05000136878

1. Entity Name
MARKER 1, INC.



Principal Place of Business
**1727 S PINELLAS AVE
TARPON SPRINGS, FL 34689**

Mailing Address
**3458 OLD KEYSTONE RD
TARPON SPRINGS, FL 34689**

40052532



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3591447

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOLEK, RICHARD A
6137 ROCKROSS AVE
NEW PORT RICHEY, FL 34655**

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

James E. Lichtenberg

President

4-2-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
LICHTENBERGV, JOSH
3458 OLD KEYSTONE RD
TARPON SPRINGS, FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
*President
Lichtenberg, Josh
1302 E. Court St.
Tarpon Springs, FL 34689* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
LIEHTENBERG, MATHEW
1727 S PINELLAS AVE
TARPON SPRINGS, FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Lichtenberg, Mathew ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
DAVIS, ROB
7922 AVENAL LOOP
NEW PORT RICHEY, FL 34655** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ Delete

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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:

James E. Lichtenberg

President

4-2-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #