2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158948

1. Entity Name

MARK II ENTERPRISES, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3005 21ST STREET COURT EAST PALMETTO, FL 34221

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DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
86-1153100

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, JAMES W 3005 21ST STREET COURT EAST PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or re	egistered agent, or be	oth, in the State of Flo	rida. I am famili	iar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	ad emilicable (NOTE Registers	d Anent sugnature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
	Organica, types or present name or registered agont and an	(No. 1. Nogalion	o rigon organists		 			
	E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U0000009 U05/05/08-8		150 AO	
10.	OFFICERS AND DIRE	CTORS					* 0.0.4.20	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, JAMES W 3005 21ST STREET COURT EAST PALMETTO, FL 34221		, î 45	÷				
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TITLE NAME STREET ADDRESS								

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.

21	Ch	ı۸	TI	ID	┏.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BIGUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2008

(941) 729-3326

Daytime Phone