
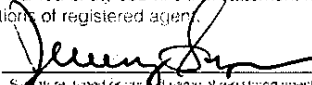


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 043 ***150.00

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|---|---|--|---|
| DOCUMENT # P06000057826 | |  | |
| 1. Entity Name MARK ERIN, INC. | | | |
| Principal Place of Business 10130 NORTHLAKE BLVD SUITE 214-339 WEST PALM BEACH FL 33412 | | Mailing Address 10130 NORTHLAKE BLVD SUITE 214-339 WEST PALM BEACH FL 33412 | |
| 2. Principal Place of Business - No P.O. Box # 7689 CARDINAL CT Suite, Apt. #, etc. | | 3. Mailing Address 7689 CARDINAL CT Suite, Apt. #, etc. | |
| City & State WEST PALM BEACH, FL | | City & State WEST PALM BEACH, FL | |
| Zip 33412 | Country USA | Zip 33412 | Country USA |
| 6. Name and Address of Current Registered Agent SAYRE, JEREMY 10130 NORTHLAKE BLVD SUITE 214-339 WEST PALM BEACH FL 33412 | | 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 obligation of registered agent. SIGNATURE  JEREMY SAYRE 1/30/08 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when submitting go) DATE | | | |
| 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 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 | D SAYRE, JEREMY 10130 NORTHLAKE BLVD SUITE 214-339 WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAYRE, LINDSEY 7689 CARDINAL COURT WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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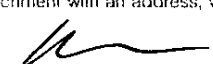


1st MOORE CR2E034 (10/07)

4. FEI Number 14-1960796 Applied For
Not Applicable

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

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:  ROBERT SAYRE 1/30/08 561-312-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized From #