
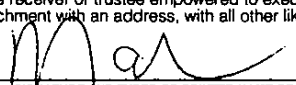


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90069 002 ***150.00

DOCUMENT # P06000150953 1. Entity Name MARK SITTON, INC.					
Principal Place of Business 9 NORTH WILDERNESS TRAIL PONTE VEDRA BEACH, FL 32082 US			Mailing Address 9 NORTH WILDERNESS TRAIL PONTE VEDRA BEACH, FL 32082 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02242007 Chg-P CR2E034 (12/06)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SITTON, MARK R 9 NORTH WILDERNESS TRAIL PONTE VEDRA BEACH, FL 32082			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 obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SITTON, MARK R		NAME		
STREET ADDRESS	9 NORTH WILDERNESS		STREET ADDRESS		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SITTON, MARK R		NAME		
STREET ADDRESS	9 NORTH WILDERNESS TRAIL		STREET ADDRESS		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			2-24-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		