


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-02-2008 90004 009 ***150.00

DOCUMENT # P07000047998					
1. Entity Name MRK TECHNOLOGY SERVICES CORPORATION					
Principal Place of Business 1922 MANATEE AVE. EAST BRADENTON, FL 34208			Mailing Address 1922 MANATEE AVE. EAST BRADENTON, FL 34208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 710 60th St Ct E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Bradenton, FL		4. FEI Number 20-0332858	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34208	USA	34208	USA		
6. Name and Address of Current Registered Agent HECKMAN, DONALD H 2335 J 63RD AVE EAST BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 710 60th St Ct 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 <u>Donald H. Heckman</u> DATE <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD KLAMA, MICHAEL R 1922 MANATEE AVE. EAST BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information empowered.					
SIGNATURE <u>Michael R. Klama</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/30/08</u> Daytime Phone # <u>941-745-1212</u>	

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