

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90050 032 ***150.00

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1. Entity Name

MARK'S QUALITY PLUMBING, INC.



Principal Place of Business

4385 NE 27TH COURT
OCALA FL 34479
US

Mailing Address

P.O. BOX 23
OCALA FL 34478-0313
US



2. Principal Place of Business

3740 NE 40th Place

3. Mailing Address

Suite, Apt. #, etc.

Unit H

Suite, Apt. #, etc.

City & State

Ocala Florida

City & State

Zip

34479

Country

Marion

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3179045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNBURG, MARK
4385 NE 27TH COURT
OCALA FL 34479

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME THORNBURG, MARK
STREET ADDRESS 4385 NE 27TH COURT
CITY-ST-ZIP Ocala FL 34479

TITLE ST ☐ Delete
NAME DIMAS, LESLIE
STREET ADDRESS PO BOX 2384
CITY-ST-ZIP SILVER SPRINGS FL 34489

TITLE VP ☐ Delete
NAME EVERETH, HEATHER
STREET ADDRESS 10706 PRESERVE LAKE DR #209
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ST ☒ Change ☐ Addition
NAME Thornburg, Leslie C.
STREET ADDRESS 4385 NE 27th Ct
CITY-ST-ZIP Ocala FL 34479

TITLE VP ☒ Change ☐ Addition
NAME EVERETH, Heather
STREET ADDRESS 31309 Triborough Dr.
CITY-ST-ZIP Westley Chapel, FL. 33544

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

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

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

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:

Mark Thornburg MARK THORNBURG

2/1/06

352-867-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #