2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State
05-28-2008 90012 010 ***150.00

DOCUMENT # P95000046341

1. Entity Name
MARC THORNTON CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
830 JASMINE STREET ATLANTIC BEACH, FL 32233	830 JASMINE STREET ATLANTIC BEACH, FL 32233

04282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
1015 Atlantic Boulevard	1015 Atlantic Boulevard
Suite, Apt. #, etc. #353	Suite, Apt. #, etc. #353
City & State: Atlantic Beach FL	City & State: Atlantic Beach FL
Zip 32233-1713 Country Duval	Zip 32233-1713 Country Duval

4. FEI Number 59-3320464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATHAWAY, RICHARD G P.A. 50 AIA NORTH - SUITE 102 PONTE VEDRA BEACH, FL 32082	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	PST THORNTON, MARC 830 JASMINE ST. ATLANTIC BEACH, FL 32233	☐ Delete	President Thornton, Marc 1015 Atlantic Blvd #353 Atlantic Beach, FL 32233-1713	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] Marc Thornton (904) 219-4651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #