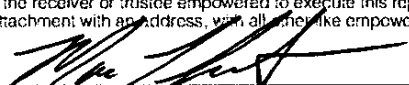


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 830 JASMINE STREET ATLANTIC BEACH, FL 32233			Mailing Address 830 JASMINE STREET ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box # 1015 Atlantic Boulevard		3. Mailing Address 1015 Atlantic Boulevard		 04282008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. #353		Suite, Apt. #, etc. #353			
City & State Atlantic Beach FL		City & State Atlantic Beach FL			
Zip 32233-1713		Country Duval		4. FEI Number 59-3320464	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HATHAWAY, RICHARD G P.A. 50 AIA NORTH - SUITE 102 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 nonexisting) _____ 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-STATE-ZIP	PST THORNTON, MARC ☐ Delete 830 JASMINE ST. ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President ☒ Change ☐ Addition Thornton, Marc 1015 Atlantic Blvd # 353 Atlantic Beach, FL 32233-1713	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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: 			Marc Thornton		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # (904) 219-4651		