


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000057606**  
 Entity Name  
**MARK CONSTRUCTION, INC.**



**1** Principal Place of Business Mailing Address  
**BUSINESS CENTER DRIVE P O BOX 730299**  
**ORMOND BEACH FL 32174 US**

**2** Principal Place of Business **3.** Mailing Address

City, Apt. #, etc. Suite, Apt. #, etc.

County & State City & State

Country Zip Country



1st MOORE CR2E034 (10/05)

**4.** FEI Number **59-3329585** Applied For Not Applicable

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JANZEN, STAN D**  
**6 BEAGLES REST**  
**ORMOND BEACH FL 32174**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**8** I, 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.

**S** 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, 2006 Fee Will Be \$550.00**  
**Check Payable to Florida Department of State**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TT	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NR	JANZEN, STAN		NAME		
ST	6 BEAGLES REST		STREET ADDRESS	UN00000397491	
CI	ORMOND BEACH FL 32174		CITY-ST-ZIP	01/30/06-80852-008 150.00	
TT	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NR	JANZEN, STAN		NAME		
ST	6 BEAGLES REST		STREET ADDRESS		
CI	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TT	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NR	JANZEN, DIANA L		NAME		
ST	6 BEAGLES REST		STREET ADDRESS		
CI	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TT		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NR			NAME		
ST			STREET ADDRESS		
CI			CITY-ST-ZIP		
TT		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NR			NAME		
ST			STREET ADDRESS		
CI			CITY-ST-ZIP		

**11** 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 furnished 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 unchanged, or on an attachment with an address, with all other like empowered.

**S** SIGNATURE: *Stan Janzen*

*1/19/06 386-676-3122*