2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000072931

1. Entity Name
STEVE MARKS CONSTRUCTION, INC.

FILED
10 SEP 22 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/15/10--01044-002 **400.00
300182577893
06/24/10--01034--002 **150.00

Principal Place of Business: 4230 Overhill Drive Merritt Is. Fl 32952

Mailing Address: 4230 OVERHILL DR MERRITT ISLAND, FL 32952 US

09162010 Chg-P CR2E034 (11/08)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3382730 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCO, WILLIAM J
1127 S PATRICK DR
#3
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name: William Franco
Street Address (P.O. Box Number is Not Acceptable): 135 3rd Avenue
City: Satellite Beach FL Zip Code: 32937

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] 9/20/2010
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 24, 2010

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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARKS, STEPHEN D		NAME	
STREET ADDRESS	4230 OVERHILL DR		STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARKS, CYNTHIA R		NAME	
STREET ADDRESS	4230 OVERHILL DR		STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	9/22
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Cynthia R Marks 9/20/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #