

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000081748 1. Entity Name MARK MURPHY - WOOD MAKER'S MARK, INC.			
Principal Place of Business 1930 NW 182ND TER PEMBROKE PINES, FL 33029		Mailing Address 1930 NW 182ND TER PEMBROKE PINES, FL 33029	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent MURPHY, MARK 1930 NW 182ND TER PEMBROKE PINES, FL 33029		DO NOT WRITE IN THIS SPACE	
3. 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's name is required when re-appointing.) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARK 1930 NW 182ND TER PEMBROKE PINES, FL 33029		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the report as required by Chapter 807, 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: <i>Mark Murphy</i> MARKES Murphy 4/14/05 President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			