2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053891

1. Entity Name
MARK SCOT CORPORATION

Principal Place of Business	Mailing Address
224 NE 32ND CT.	224 NE 32ND CT.
OAKLAND PARK, FL 33334	OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

qu₁₂

05012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0675489	Not Applicable

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

6. Name and Address of Current Registered Agent

SERLO, LARRY
224 NE 32 COURT
OAKLAND PARK, FL 33334

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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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DAVIS, JAMES
STREET ADDRESS	5290 HIATUS ROAD
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	SD
NAME	AKRA, JOSEPH P
STREET ADDRESS	5050 HIATUS ROAD
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	P
NAME	SERLO, LARRY
STREET ADDRESS	224 NE 32ND CT -- -
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   5/1/07   954-630-8622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #