2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90201 015 ***150.00

DOCUMENT # P96000104255

1. Entity Name
MARKFIRST, INC.

Principal Place of Business	Mailing Address
5763 MINING TERRACE JACKSONVILLE FL 32257 US	P. O. BOX 56407 JACKSONVILLE FL 32241 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8638 PHILIPS Hwy	
Suite, Apt. #, etc.: # 4	Suite, Apt. #, etc.:
City & State: JACKSONVILLE FL	City & State:
Zip: 32256 Country: USA	Zip: Country:

4. FEI Number 25-1597263 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

METZ, GARY A
5763 MINING TERRACE
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8638 PHILIPS Hwy # 4
City: JACKSONVILLE **FL** Zip Code: 32256

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] GARY A. METZ 4-17-07
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Change	Addition
TITLE	PTD	☐	TITLE	☒	☐
NAME	METZ, GARY A		NAME		
STREET ADDRESS	5763 MINING TERRACE		STREET ADDRESS	8638 PHILLIPS Hwy # 4	
CITY-ST-ZIP	JACKSONVILLE FL 32357		CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SVD	☐	TITLE	☒	☐
NAME	~~METZ, BETTY L~~		NAME		
STREET ADDRESS	5763 MINING TERRACE		STREET ADDRESS	8638 PHILIPS Hwy # 4	
CITY-ST-ZIP	JACKSONVILLE FL 32357		CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		☐	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐	TITLE	☐	☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐	TITLE	☐	☐
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 Section 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: [signature] GARY A. METZ 4-17-07 904-292-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #