

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90027 001 \*\*\*150.00

60007150



<b>DOCUMENT # P97000013097</b> 1. Entity Name <b>MARK LASHLEY, INC.</b>			
Principal Place of Business <b>893 NETTLE BLVD JENSEN BEACH, FL 34957</b>		Mailing Address <b>893 NETTLE BLVD JENSEN BEACH, FL 34957</b>	
2. Principal Place of Business <b>1562 NE Maureen Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1562 NE Maureen Ct.</b> Suite, Apt. #, etc.	
City & State <b>Jensen Beach, FL</b> Zip <b>34957</b> Country		City & State <b>Jensen Beach, FL</b> Zip <b>34957</b> Country	
4. FEI Number <b>65-0726203</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BASS, DONALD L 7166 SE OSPREY ST HOBE SOUND, FL 33455</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LASHLEY, MARK</b> <b>9801 S OCEAN DR #893-2</b> <b>JENSEN BEACH, FL 34957</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1562 NE. Maureen Ct.</b> <b>Jensen Beach, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Mark Lashley</i> Pres		1, 2306 712 701 440	