2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000092751

1. Entity Name

MARK CHARLES PRODUCTIONS, INC.



FILED Jan 24, 2008 08:00 AN Secretary of State

Fee Required

Daytime Phone #

Principal Place of Business

906 COOPER RIDGE PL VALRICO, FL 33594 Mailing Address

906 COOPER RIDGE PL VALRICO, FL 33594



DO NOT WRITE IN THIS SPACE

01202008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0796035

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Addiffonal

6. Name and Address of Current Registered Agent

CLANCY, CHARLES 906 COOPER RIDGE PL VALRICO, FL 33594

changed, or on an attachment wit

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 tritle if applicable, (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	000000793136 01/24/08-80037-009 150.00)
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLANCY, CHARLES 906 COOPER RIDGE PL VALRICO, FL 33594					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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						

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR