


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **PA8000106524**

1 Entity Name
MARK GERARD Machine, Inc.



FILED

11 JUN -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2 Principal Place of Business - No P.O. Box #
1655 Lexington Ave.

3 Mailing Address
1655 Lexington Ave.

Suite, Apt. #, etc.

City & State
Deland, FL

City & State
Deland, FL

Zip
32724

Country
USA

Zip
32724

Country
USA

CR2E034B (1/11)

4 FEI Number
593530598

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
MARK GERARD

Street Address (P.O. Box Number is Not Acceptable)
1655 LEXINGTON AVE.

City
DELAND

FL

Zip Code
32724

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 re-instating) DATE _____

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

E-mail Address:
gerard3535@gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARK A. GERARD 248 W Plymouth Ave. Deland, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres SEC. Margaret A. GERARD 248 W Plymouth Ave. Deland, FL 32720
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.

SIGNATURE: **Margaret A. Gerard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/11

DATE

3867363533

Daytime Phone #