


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000080638**

1. Entity Name  
**MARK MERCER & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**3003 S. HWY. 77, STE. E**      **3003 S. HWY. 77, STE. E**  
**LYNN HAVEN, FL 32444**      **LYNN HAVEN, FL 32444**

**DO NOT WRITE IN THIS SPACE**



02272007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-3608248**       Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MERCER, MARK**  
**3003 S. HWY. 77, STE. E**  
**LYNN HAVEN, FL 32444**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating)

**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

**03/13/07-80051-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	MERCER, MARK
STREET ADDRESS	3003 S. HWY. 77, STE. E
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	MERCER, MARK
STREET ADDRESS	3003 S. HWY. 77, STE. E
CITY - ST - ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:       Date: **02-27-07**      Daytime Phone #: **850-763-8072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR