2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # V24377 I Entity Name MARK BROWN CONSTRUCTION, INC. Walling Accress 4945 SQUIFFORK DRIVE LAKELAND, FL 33813 US 2. Principleal Place of Business LAKELAND, FL 33813 US 2. Principleal Place of Business LAKELAND, FL 33813 US 2. Principleal Place of Business LAKELAND, FL 33813 US 2. Principleal Place of Business LAKELAND, FL 33813 US 2. Principleal Place of Business LAKELAND, FL 33813 US 2. Principleal Place of Business LAKELAND, FL 33813 US 3. Mailing Accress Supplead Accress Sup	AITTORE INC.							Sceretary or State					
4945 SOUTH-FORK DRIVE LAKELAND, FL 33813 US 2. Principal Place of Business - No P.O. Box # 5 12.1 South Lakeland Dr. 5121 South Lakeland Pr.	1. Entity Name						_						
4945 SOUTH-FORK DRIVE LAKELAND, FL 33813 US 2. Principal Place of Business - No P.O. Box # 5 12.1 South Lakeland Dr. 5121 South Lakeland Pr.	Principal Place of Rusiness Mailing Address						4003	13110					
Sulce Apt I, takel and Dr. Sulce Apt I, etc.	4945 SOUTH	4945 SOUTHFORK DRIVE				1000		11 2 1811 81 9 11 81					
City & State Lakeland, FL Lakeland, FL Separation of Separ						d D	r.						
Lakeland, FL Lakeland, FL S9-3116701 Mol Applicable 20 33813 Country 33813 S. Certificate of Status Desired \$8.75 Additional 20 33813 S. Certificate of Status Desired \$8.75 Additional 20 20 20 20 20 20 20 2	· · · · · · · · · · · · · · · · · · ·								CR2E	034 (12/06)			
33813 Country 33813 Country 33813 Country 5. Certificate of Status Desired	•												
BROWN, MARK D. BROWN, MARK D. LAKELAND, FL 33813 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent are the 1 spokable. **FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **OFFICERS AND DIRECTORS **ITELE** **ITELE** **PTDS** **ITELE** **ITELE** **INET ADDRESS** **OFFICERS AND DIRECTORS IN 11 **ITELE** **ITELE** **INET ADDRESS** **OFFICERS AND DIRECTORS IN 11 **IN	Zip	<u> </u>	Zip		у					\$8.75 Add	litional		
BROWN, MARK D. 4945 SOUTHFORK DRIVE LAKELAND, FL 33813 8. The above named entity submists his 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 collagations of registered agent or private area of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent or private area of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collagation of registered agent, or both, in the State of Florida. I am familiar with, an	22012	E Name and Address of Correct D		-^ -	·]	7 Nome and	Addes as ad Naw C			u		
BROWN, MARK D, PTDS GRIVE LAKELAND, FL 33813 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and provided agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or registered		6. Name and Address of Current H	egisteren Agent		Name		7. Name and	Address of New F	10gisterea	Agent			
EXECUTION FL 33813 5. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with,	BROWN, MARK D.							A+=					
Either above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, a	4945 SOUTHFORK DRIVE					ddress (F SOl	P.O. Box Numbe ith Lak	r is Not Acceptable eland Di	_{e)} rive				
Liakeland File 33813 33813	DAKELAND, PL 33013												
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent and agent and the is apolicable. Signature						land	3		FL	Zip Code	313		
SIGNATURE Sprature, typoed to privided name of ingestered agent and site if applicable. NOTE: flogistance Agent segmature required segmature required when newstature) SATE Sprature, typoed to privided name of registered agent and site if applicable. NOTE: flogistance Agent segmature required when newstature) SATE	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 acce										and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BROWNI, MARK D. 4945 SOUTHFORK DRIVE LAKELAND, FL 33813 TILE OBERS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITL	Nail 6												
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTDS BROWN, MARK D. BROWN, MARK D. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS ADDRESS TITLE ADDITIONS/CHANGES TO OFFICERS TITLE ADDITIONS/CHANGES TITLE ADDITIONS/CHANGES TITLE ADDITIONS/CHANGES TITLE ADDITIONS/CHANGES TITLE ADDITIONS/CHANGES TITLE ADDITIONS/CHANG													
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTDS BROWN, MARK D. BROWN, MARK D. STREET ADDRESS CITY-S1-ZIP LAKELAND, FL 33813 Delete ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP ADDITIONS/CHANGES TO SPICE AND TITLE ADDITIONS TITLE STREET ADDRESS CITY-S1-ZIP ADDITIONS STREET ADDRESS CITY-S1-ZIP ADDITIONS STREET ADDRESS CITY-S1-ZIP ADDITIONS STREET ADDRESS CITY-S1-ZIP ADDITIONS STREET ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDITIONS STREET ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRE													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	FILE NOTHIN FEE IS \$ 150.00					Adde	d to Fees						
NAME STREET ADDRESS CITY-ST-ZP LAKELAND, FL 33813 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11		
STREET ADDRESS CITY-ST-ZPP LAKELAND, FL 33813 TILE NAME STREET ADDRESS CITY-ST-ZPP TILE NAME STREET ADDRES		-	☐ Delete							(X) Change	Addition		
CITY-ST-ZP LAKELAND, FL 33813 TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS		·			TANNESS					_			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					ST-21P	512. Lake	l South eland.	Lakelar FL 3381	nd Dr 13	ive			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete				·				Addition		
TITLE Delete TITLE Change Addition					T ADDRESS					• *			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				•	ST-ZIP								
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Delete	NAME			~ ·		- ·	[] Cusuge	[_] Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			П.	1	ST-ZIP			,,,,,			D Marrie		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1. Delete							☐ Change	(Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				1	סו־בור					☐ Change	Addition		
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS			Ocide										
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS													
NAME STREET ADDRESS STREET ADDRESS			☐ Portota	├	SI-ZIP					☐ Change	☐ Addition		
	NAME		Centre	NAME						— orange			

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

865-646-051 Daytime Phone #