


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002874 1. Entity Name NORMARK INVESTMENTS, INC.	
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01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 85-0360743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCAROLA, MARK
21421 WIDGEON TERRACE
FORT MYERS BEACH, FL 33931

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000022236
01/30/04-80037-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCAROLA, MARK 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCAROLA, NOREEN 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Mark Scarola, Pres
MARK SCAROLA, Pres

1/10/04
Date

2394632794
Daytime Phone #