

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S52470	
1. Entity Name TEKMARK CORPORATION	

Principal Place of Business 6244 CLARK CENTER AVE UNIT #1 SARASOTA, FL 34238 US	Mailing Address 8201 SHADOW PINE WAY SARASOTA, FL 34238 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0264357	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLATE, MARK A 8201 SHADOW PINE WAY SARASOTA, FL 34238	DO NOT WRITE IN THIS SPACE
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BLATE, MARK A
STREET ADDRESS 8201 SHADOW PINE WAY	CITY-ST-ZIP SARASOTA, FL
TITLE STD	NAME BLATE, SHARON A
STREET ADDRESS 8201 SHADOW PINE WAY	CITY-ST-ZIP SARASOTA, FL
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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01/12/05-80016-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	MARK A. BLATE, 1/10/05 (941) 356-4903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____