

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013226

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: SELLMARK ELECTRONICS, INC.

## Current Principal Place of Business:

15 CYPRESS BRANCH WAY  
SUITE 107D/ BOX 11  
PALM COAST, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

15 CYPRESS BRANCH WAY  
SUITE 107D/ BOX 11  
PALM COAST, FL 32714 US

## New Mailing Address:

FEI Number: 59-3448866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, JOHN B  
Address: #F2 PROS.BUS. PK., LEADGATE CONSETT  
City-St-Zip: COUNTY DURHAM, EN DH87PW

Title: D ( ) Delete  
Name: WILLIAMS, GILLIAN  
Address: #F2 PROS. BUS. PK., LEADGATE CONSETT  
City-St-Zip: COUNTY DURHAM, EN DH87PW

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN B  
Address: #G8 PROS.BUS. PK., LEADGATE CONSETT  
City-St-Zip: COUNTY DURHAM, EN DH87PW

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, MICHAEL  
Address: #G8 PROS. BUS. PK., LEADGATE CONSETT  
City-St-Zip: COUNTY DURHAM, EN DH87PW

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. WILLIAMS

D

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date