


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90030 020 \*\*\*150.00

**DOCUMENT # F97000002874**

1. Entity Name  
**NORMARK INVESTMENTS, INC.**



Principal Place of Business  
**21421 WIDGEON TERRACE  
 FORT MYERS BEACH, FL 33931**

Mailing Address  
**21421 WIDGEON TERRACE  
 FORT MYERS BEACH, FL 33931**

40000000



2. Principal Place of Business - No P.O. Box #  
**1491 OAKES BLVD**

3. Mailing Address  
**1491 OAKES BLVD**

Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State  
**NAPLES FL 34119**

City & State  
**NAPLES FL 34119**

Zip  
**34119**

Country  
**USA**

Zip  
**34119**

Country  
**USA**

4. FEI Number  
**85-0360743**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

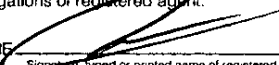
Name  
**MARK SCAROLA**

Street Address (P.O. Box Number is Not Acceptable)  
**1491 OAKES BLVD**

City  
**NAPLES FL 34119 FL**

Zip Code  
**34119**

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  **MARK SCAROLA**

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCAROLA, MARK 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCAROLA, NOREEN 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MARK SCAROLA 1491 OAKES BLVD NAPLES FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NOREEN SCAROLA 1491 OAKES BLVD NAPLES FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Noreen Scarola**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/10/08**

Daytime Phone # **239 591-2979**