

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90266 020 ***150.00

DOCUMENT # 210050

1. Entity Name

EMARK CORPORATION



Principal Place of Business

**154 S. COMMERCE ST.
P.O. BOX 755
SEBRING FL 33871-0755**

Mailing Address

**154 S. COMMERCE ST.
P.O. BOX 755
SEBRING FL 33871-0755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1276742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERNEST M. BREED
154 S. COMMERCE AVE.
P.O. BOX 353
SEBRING FL 33871-0353**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BREED, ERNEST M.	
STREET ADDRESS	154 S. COMMERCE AVE.	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HESTON, CHARLOTTE B.	
STREET ADDRESS	1103 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BREED, CHARLOTTE N.	
STREET ADDRESS	509 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREED, ERNEST MARK, III	
STREET ADDRESS	509 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREED, DAVID S.	
STREET ADDRESS	509 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREED, JOHN N.	
STREET ADDRESS	509 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ernest M. Breed* (Ernest M. Breed - Pres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

863
385-2020

Daytime Phone #