

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-04-2006 90230 040 ***150.00

DOCUMENT # 210050

1. Entity Name
EMARK CORPORATION



Principal Place of Business
P.O. BOX 755
SEBRING, FL 33871-0755

Mailing Address
P.O. BOX 755
SEBRING, FL 33871-0755

00010010



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

ERNEST M. BREED
2241 LAKEVIEW DR
P.O. BOX 353
SEBRING, FL 33871-0353

**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 renouncing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREED, ERNEST M.
STREET ADDRESS	908 LAKEVIEW DR 2241 Lakeview Dr.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	SD
NAME	HESTON, CHARLOTTE B.
STREET ADDRESS	908 LAKEVIEW DR 2461 Lakeview Dr.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	SD
NAME	BREED, CHARLOTTE N.
STREET ADDRESS	908 LAKEVIEW DR 2241 Lakeview Dr.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VD
NAME	BREED, ERNEST MARK, III
STREET ADDRESS	908 LAKEVIEW DR 310 Newman Rd.
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	VD
NAME	BREED, DAVID S.
STREET ADDRESS	908 LAKEVIEW DR 8030 S. Lagoon Dr.
CITY-ST-ZIP	SEBRING, FL 33870 Panama City Beach, FL 32408
TITLE	VD
NAME	BREED, JOHN N.
STREET ADDRESS	908 LAKEVIEW DR 6117 Sweet Gum Run
CITY-ST-ZIP	SEBRING, FL 33870 Bartow, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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: Ernest M. Breed Ernest M. Breed 4/25/06 863-385-7020
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone