

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90037 032 \*\*\*150.00

**DOCUMENT # F97000001344**

1. Entity Name

TECHMARK CONCEPTS, INC.



Principal Place of Business

1435 HILLS PL.  
ATLANTA GA 30318

Mailing Address

1435 HILLS PL.  
ATLANTA GA 30318

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2203806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSENQUIST, JOHN W  
9901 SATELLITE BLVD STE B  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

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

*John W. Rosenquist*  
Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating.)

John W. Rosenquist  
E.V.P.

2/9/04  
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

TITLE CPST ☐ Delete  
NAME BROWN, STEPHEN L  
STREET ADDRESS 4602 IVY GATE CIRCLE  
CITY-ST-ZIP SMYRNA GA 30080

TITLE DV ☐ Delete  
NAME ROSENQUIST, JOHN W  
STREET ADDRESS 625 RIVERPARK CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VP ☐ Delete  
NAME PROCTOR, JIM  
STREET ADDRESS 2782 LOVEJOY CIRCLE  
CITY-ST-ZIP DULUTH GA 30097

TITLE VP ☐ Delete  
NAME SPEROS, HARRY  
STREET ADDRESS 3703 MONICA TRAIL  
CITY-ST-ZIP CRYSTAL LAKE IL 60014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Rosenquist  
E.V.P.

Date

Daytime Phone #

407  
2/9/04 816-0755