

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90117 047 \*\*\*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

870 Northside Drive

3. Mailing Address

1201 E Orlando Ave



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Ste 200

Suite, Apt. #, etc.

Ste 300

City & State

Atlanta, GA

City & State

Winter Park, FL 32789

4. FEI Number

58-2203806

Applied For

Not Applicable

Zip

30318

Country

USA

Zip

Country

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)

1201 E Orlando Ave Ste 300

City Winter Park

FL

Zip Code

32789

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

3-30-05

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2005 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  
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STREET ADDRESS  
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

Date

407-691-5710

Daytime Phone #