


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90061 014 \*\*\*150.00

<b>DOCUMENT # H27017</b> 1. Entity Name <b>BOMARK, INC.</b>					
Principal Place of Business <b>309 9TH STREET S. NAPLES, FL 34102</b>			Mailing Address <b>PO BOX 2811 NAPLES, FL 34106</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2737 NE 35<sup>th</sup> COURT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>FT. LAUDEDALE, FL</b>		4. FEI Number <b>59-2462224</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33308</b>		<b>USA</b>		07142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>WEAKLEY, MARK D. 880 8TH STREET S. NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>JOYCE SHORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2737 NE 35<sup>th</sup> COURT</b> City <b>FT. LAUDEDALE</b> <b>FL</b> Zip Code <b>33308</b>	
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 <u><i>Joyce Shore</i></u> <b>JOYCE SHORE</b> <b>7-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WEAKLEY, ROBERT K.</b> <b>900 VILLAGE PARKWAY</b> <b>NEWARK, OH</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JOYCE SHORE</b> <b>2737 NE 35<sup>th</sup> COURT</b> <b>FT. LAUDEDALE, FL 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEAKLEY, MARK D.</b> <b>880 8TH ST. S.</b> <b>NAPLES, FL</b>	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Joyce Shore</i></u> <b>JOYCE SHORE</b> <b>7-14-08</b> <b>954-564-0630</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					