2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K06159

US

1. Entity Name
ALLMARK SYSTEMS, INC.



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3843 CARDINAL BLVD. PORT ORANGE, FL 32127 3843 CARDINAL BLVD. PORT ORANGE, FL 32127

US



DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2165849

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAK, GLEN T 3843 CARDINAL BLVD. PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

				IN	THIS SPACE	
	named entity submits this statement for the plions of registered agent.	surpose of changing its registere	d office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000948404 06/02/08-80052-n23 150. nn -	
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROJAK, GLEN T 3843 CARDINAL BLVD. PORT ORANGE, FL 32127					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-7IP						

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.

21	CN	ATI	IDE.

TITLE .

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES ON PRINTED NAME OF SKINING OFFICER ON DIRECTOR

4/31/08 386763 1899

Daytime Phone #