2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K91812

1. Entity Name

DIVERSIMARK, INC.

Principal Place of Business	Mailing Address
6225 VISTA VERDE DR W SAINT PETERSBURG FL 33707	6225 VISTA VERDE DR W SAINT PETERSBURG FL 33707

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	4. FEI Number 59-2952322 / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLICHTE, ARLENE 6225 VISTA VERDE DR W SAINT PETERSBURG FL 33707	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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 **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **DPST** ☐ Delete NAME **SCHLICHTE, ARLENE** STREET ADDRESS **6225 VISTA VERDE DR W** CITY-ST-ZIP **SAINT PETERSBURG FL 33707**	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS U000002348 72 CITY-ST-ZIP 02/18/05--80036-023 150.00
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete 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: _____ ARLENE SCHLICHTE Pres 2/15/05 813-695060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #