


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L33190</b> 1. Entity Name CHANNEL MARK, INC.	
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Principal Place of Business 18196 DEEP PASSAGE LANE FORT MYERS BEACH, FL 33931	Mailing Address 18196 DEEP PASSAGE LANE FORT MYERS BEACH, FL 33931
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0160290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MC GUIGAN, MICHAEL B.  
18196 DEEP PASSAGE LN  
FORT MYERS BEACH, FL 33931

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCGUIGAN, MICHAEL B 18196 DEEP PASSAGE LN FORT MYERS BEACH, FL 33931
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04/16/07 800413017 150.00

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 fee empowered.

**SIGNATURE:**  **4/3/07** **239-822-1888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone