## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000030095

Entity Name: ALMARK HOMES, INC.

FILED Jul 26, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

P O BOX 500371 22870 BLACKBEARD LANE MARATHON, FL 33050 CUDJOE KEY, FL 33042

Current Mailing Address: New Mailing Address:

P O BOX 500371 22870 BLACKBEARD LANE MARATHON, FL 33050 CUDJOE KEY, FL 33042

FEI Number: 59-3634583 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALMQUIST, MARK A
614 MAYO STREET NORTH
CRYSTAL BEACH, FL 34681 US
ALMQUIST, MARK A
22870 BLACKBEARD LANE
CUDJOE KEY, FL 33042 US

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.

SIGNATURE: MARK ALMQUIST 07/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete Title: P (X) Change ( ) Addition
Name: ALMQUIST, RUDOLPH G
Address: 841 DELEWARE AVE Address: 440 HANBY ST. PO> BOX 400

 Address:
 841 DELEWARE AVE
 Address:
 440 HANBY ST. PO> BOX 400

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 CRYSTAL BEACH, FL 34681

Title: () Delete Title: (X) Change ( ) Addition Name: ALMQUIST, MARK A Name: ALMQUIST, MARK A 614 MAYO STREET N 22870 BLACKBEARD LANE Address: Address: CRYSTAL BEACH, FL 34681 CUDJOE KEY, FL 33042 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ALMQUIST P 07/26/2004