

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90322 014 ***150.00

DOCUMENT # P02000003776

1. Entity Name

HOLMARK PROPERTIES, INC.



Principal Place of Business

2207 RANDY DRIVE
VALRICO FL 33594

Mailing Address

100 MAYFAIR PLACE
WINTER HAVEN FL 33880

2. Principal Place of Business

407 MAYFAIR PLACE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2988

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

City & State

Winter Haven, FL

Zip

33883

Country

USA

4. FEI Number

02-0560461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSSEY, MARK
2207 RANDY DRIVE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

MARK HUSSEY

Street Address (P.O. Box Number is Not Acceptable)

407 MAYFAIR PLACE

City

Winter Haven

FL

Zip Code

33880

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HUSEY, MARK
STREET ADDRESS 100 MAYFAIR PLACE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE VP ☐ Delete
NAME HOLERN, LISA
STREET ADDRESS 100 MAYFAIR PLACE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 407 MAYFAIR PLACE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE VP ☒ Change ☐ Addition
NAME LISA HOLCUMB
STREET ADDRESS 407 MAYFAIR PLACE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2004

Date

(863) 521-8664

Daytime Phone #