

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 047 ***150.00

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1. Entity Name
NETMARK RESOURCES, INC.



Principal Place of Business
13 S.W. MEMORIAL PKY, STE 205
FORT WALTON BEACH, FL 32548

Mailing Address
13 S.W. MEMORIAL PKY, STE 205
FORT WALTON BEACH, FL 32548

54018254



DO NOT WRITE IN THIS SPACE

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3687147
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLLINS, JOSEPH E
13 S.W. MEMORIAL PKY, STE 205
FORT WALTON BEACH, FL 32548

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROLLINS, JOSEPH E
STREET ADDRESS 3 EGLIN DR.
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE ST
NAME BANKS, STEPHEN R
STREET ADDRESS 6 CAHABA COURT
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Joseph E Rollins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2004 (850) 244-7306
Date Daytime Phone #