

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000061260

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



02222005 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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

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-STATE-ZIP	SHALIMAR, FL 32579
TITLE	ST
NAME	BANKS, STEPHEN R
STREET ADDRESS	6 CAHABA COURT
CITY-STATE-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000001241531
02/24/05-80047-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

February 22, 2005 (850) 244-7306

Date

Daytime Phone #