


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90171 017 ***150.00

DOCUMENT # P02000111232 1. Entity Name HIGH MARK MORTGAGE PROTECTION, INC.																																																																																																																					
Principal Place of Business 4740 CLEVELAND HEIGHTS BLVD. SUITE 5 LAKELAND, FL 33813 US			Mailing Address 4740 CLEVELAND HEIGHTS BLVD. SUITE 5 LAKELAND, FL 33813 US																																																																																																																		
2. Principal Place of Business 2000 E Edgewood Dr Suite, Apt. #, etc. Suite 109		3. Mailing Address PO Box 24748 Suite, Apt. #, etc.																																																																																																																			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 55-0801904																																																																																																																	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																	
6. Name and Address of Current Registered Agent PUTNAM, ABEL A 500 S. FLORIDA AVE. SUITE 300 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">EVD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WELLS, MARK R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4740 CLEVELAND HEIGHTS BLVD., STE 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAENZA, CARL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4740 CLEVELAND HEIGHTS BLVD., STE 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CEOD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PENNACHIO, JOHN J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4740 CLEVELAND HEIGHTS BLVD., STE 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WISEMAN, KENNETH R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4740 CLEVELAND HEIGHTS BLVD., STE 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAWSON, WILLIAM M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4740 CLEVELAND HEIGHTS BLVD., STE 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 E Edgewood Dr, Ste 109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland FL 33803</td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 E Edgewood Dr, Ste 109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland FL 33803</td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 E Edgewood Dr, Ste 109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland FL 33803</td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 E Edgewood Dr, Ste 109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland FL 33803</td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	EVD	<input type="checkbox"/> Delete	NAME	WELLS, MARK R		STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	PD	<input type="checkbox"/> Delete	NAME	MAENZA, CARL J		STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	CEOD	<input type="checkbox"/> Delete	NAME	PENNACHIO, JOHN J		STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	ST	<input type="checkbox"/> Delete	NAME	WISEMAN, KENNETH R		STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	D	<input type="checkbox"/> Delete	NAME	DAWSON, WILLIAM M		STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	2000 E Edgewood Dr, Ste 109	CITY-ST-ZIP	Lakeland FL 33803	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	2000 E Edgewood Dr, Ste 109	CITY-ST-ZIP	Lakeland FL 33803	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	2000 E Edgewood Dr, Ste 109	CITY-ST-ZIP	Lakeland FL 33803	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	2000 E Edgewood Dr, Ste 109	CITY-ST-ZIP	Lakeland FL 33803	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	EVD	<input type="checkbox"/> Delete																																																																																																																			
NAME	WELLS, MARK R																																																																																																																				
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5																																																																																																																				
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																				
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																			
NAME	MAENZA, CARL J																																																																																																																				
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5																																																																																																																				
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																				
TITLE	CEOD	<input type="checkbox"/> Delete																																																																																																																			
NAME	PENNACHIO, JOHN J																																																																																																																				
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5																																																																																																																				
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																				
TITLE	ST	<input type="checkbox"/> Delete																																																																																																																			
NAME	WISEMAN, KENNETH R																																																																																																																				
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5																																																																																																																				
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																			
NAME	DAWSON, WILLIAM M																																																																																																																				
STREET ADDRESS	4740 CLEVELAND HEIGHTS BLVD., STE 5																																																																																																																				
CITY-ST-ZIP	LAKELAND, FL 33813																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																			
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY-ST-ZIP																																																																																																																					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	2000 E Edgewood Dr, Ste 109																																																																																																																				
CITY-ST-ZIP	Lakeland FL 33803																																																																																																																				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	2000 E Edgewood Dr, Ste 109																																																																																																																				
CITY-ST-ZIP	Lakeland FL 33803																																																																																																																				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	2000 E Edgewood Dr, Ste 109																																																																																																																				
CITY-ST-ZIP	Lakeland FL 33803																																																																																																																				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS	2000 E Edgewood Dr, Ste 109																																																																																																																				
CITY-ST-ZIP	Lakeland FL 33803																																																																																																																				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
NAME																																																																																																																					
STREET ADDRESS																																																																																																																					
CITY-ST-ZIP																																																																																																																					
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 like empowered.																																																																																																																					
SIGNATURE: <u>Kenneth R Wiseman</u> Kenneth R Wiseman 4/20/06 863-666-8726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																					