

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 037 ***150.00

DOCUMENT # P04000113480

1. Entity Name
NMK VENTURES, INC.



Principal Place of Business
**4853 TRAWLER CT.
JACKSONVILLE, FL 32225**

Mailing Address
**4853 TRAWLER CT.
JACKSONVILLE, FL 32225**

20040014



2. Principal Place of Business
401 PORTSMOUTH
Suite, Apt. #, etc.

3. Mailing Address
401 PORTSMOUTH
Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State
SLIDELL LA
Zip **70460** Country **USA**

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SLIDELL LA
Zip **70460** Country **USA**

4. FEI Number
20-1450731
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, FRANK T
4024 DIMSDALE RD.
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 PD ☐ Delete
NAME **BROWNING, MICHAEL B**
STREET ADDRESS **4853 TRAWLER CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE VD ☐ Delete
NAME **COLLINS, FRANK T**
STREET ADDRESS **4024 DIMSDALE RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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 PD ☒ Change ☐ Addition
NAME **BROWNING MICHAEL B**
STREET ADDRESS **401 PORTSMOUTH**
CITY-ST-ZIP **SLIDELL LA 70460**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **Frank T. Collins (V.P.)** **FRANK T COLLINS**

Date

4/18/05

Daytime Phone #

904 268-6233