## 2007 FOR PROFIT CORPORATION

## Feb 23, 2007 08:00 AM ANNUAL REPORT. **Secretary of State DOCUMENT # P04000133949** 1. Entity Name GOVMARK, INC. Principal Place of Business Mailing Address 14255 US HIGHWAY ONE 14255 US HIGHWAY ONE **SUITE 215 SUITE 215** JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 No Chg-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0731313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FORD, RICHARD J 14255 US HIGHWAY ONE **SUITE 215** IN THIS SPACE JUNO BEACH, FL 33408 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FORD, RICHARD J NAME U00000645060 14255 US HWY ONE, STE 215 STREET ADDRESS 03/02/07-80068-019 150.00 CITY-ST-ZIP JUNO BCH, FL 33408 HILE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS

12. Thereby 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 offer like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7iP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**