

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008129

Entity Name: HOTMARK, INC.

FILED
Aug 07, 2006
Secretary of State

Current Principal Place of Business:

6132 9TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

738 GALEON DRIVE
ST. PETERSBURG, FL 33715 US

Current Mailing Address:

6132 9TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Mailing Address:

738 GALEON DRIVE
ST. PETERSBURG, FL 33715 US

FEI Number: 20-3614787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, SCOTT T
5340 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: SCHNEIDER, MARK J
Address: 6132 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: VP () Delete
Name: PLUMRIDGE, MICHAEL
Address: 738 GALEON DRIVE
City-St-Zip: TIERRE VERDE, FL 33715

Title: D () Delete
Name: COLEMAN, SEAN
Address: 3604 CRESTHILL LANE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PLUMRIDGE

VP

08/07/2006

Electronic Signature of Signing Officer or Director

Date