

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P05000146812**  
1. Entry Name  
**ANAMARK SERVICES INC.**

Principal Place of Business <b>6326 WISTERIA LANE APOLLO BEACH FL 33572 US</b>	Mailing Address <b>6326 WISTERIA LANE APOLLO BEACH FL 33572 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number **20-3734086**  Applied For  Not Applied For

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

6. Name and Address of Current Registered Agent

**HUNTER, MARK T  
6326 WISTERIA LANE  
APOLLO BEACH FL 33572**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D P HUNTER, MARK T 6326 WISTERIA LANE APOLLO BEACH FL 33572	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP	D VP HUNTER, ANN S 6326 WISTERIA LANE APOLLO BEACH FL 33572	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Mark T. Hunter* **Mark T. Hunter** 1-26-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #