## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000122879

Entity Name: FOUR MARKS, CO.

FILED Feb 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

55 A RAINTREE LN

PALM COAST, FL 32164 PALM COAST, FL 32164 US

**Current Mailing Address: New Mailing Address:** 

55 A RAINTREE LN **156 RAY DR** 

PALM COAST, FL 32164 PALM COAST, FL 32164 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SHOCKMEDIA CORP SHOCKMEDIA CORP 7862 W IRLO BRONSON HWY 9766 OLD ST AUGUSTINE RD

KISSIMMEE, FL 34747 US JACKSONVILLE, FL 32257 US

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: JOSE JARDIM JUNIOR 02/13/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

ROSA, WANDERSON ROSA, DIONES Name: Name: 55 A RAINTREE LN 156 RAY DR Address: Address:

City-St-Zip: PALM COAST, FL 32164 US City-St-Zip: PALM COAST, FL 32164 US

Title: Title: ( ) Delete (X) Change ( ) Addition DA SILVA, FLAVIO Name: DA SILVA, FLAVIO Name:

55 A RAINTREE LN 156 RAY DR Address: Address: PALM COAST, FL 32164

PALM COAST, FL 32164 US City-St-Zip: City-St-Zip: Title: Title:

( ) Delete (X) Change ( ) Addition JAFUINDE, JOSE L DA SILVA, JOSE Name: Name: 55 A RAINTREE LN 156 RAY DR Address: Address:

City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164 US

Title: () Delete Title: ( ) Change (X) Addition

DA SILVA, ADEMILSON Name: Name: Address: Address: 156 RAY DR

City-St-Zip: City-St-Zip: PALM COAST, FL 32164 US

Title: Title: ( ) Change (X) Addition ( ) Delete

ROSA, WANDERSON Name: Name:

Address: Address: 156 RAY DR

PALM COAST, FL 32164 US City-St-Zip: 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.

Ρ SIGNATURE: DIONES ROSA 02/13/2007