

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000056017

1. Entity Name
EXMART GROUP, INC.



FILED

2008 SEP 15 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4212 126TH STREET W SUITE 401
CORTEZ, FL 34215

Mailing Address
4212 126TH STREET W SUITE 401
CORTEZ, FL 34215

2. Principal Place of Business - No P.O. Box #
1101 CHANNELSIDE DR.

3. Mailing Address
1101 CHANNELSIDE DR.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33602

Country
USA

Zip
33602

Country
USA

09092008 Chg-P CR2E034 (12/06)

4. FEI Number
26-2569176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBEE, STEPHEN
4212 126TH STREET W SUITE 401
CORTEZ, FL 34215

7. Name and Address of New Registered Agent

Name
ALBEE, STEPHEN

Street Address (P.O. Box Number is Not Acceptable)
1101 CHANNELSIDE DR.

City
TAMPA, FL

Zip Code
33602

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
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS

TITLE
D

NAME
ALBEE, STEPHEN

STREET ADDRESS
4212 126TH STREET W SUITE 401

CITY-ST-ZIP
CORTEZ, FL 34215

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D

NAME
ALBEE, STEPHEN

STREET ADDRESS
1101 CHANNELSIDE DRIVE

CITY-ST-ZIP
TAMPA, FL 33602

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
100136159671

CITY-ST-ZIP
09/19/08--01045--009 **150.00

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 8, 2008

Date

813-864-3500

Daytime Phone #