

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P23599

1. Entity Name
INMARK CONTAINER MARKETING, INC.



Principal Place of Business Mailing Address
**675 HARTMAN RD.
STE. 100
AUSTELL, GA 30168** **P.O. BOX 1330
AUSTELL, GA 30168**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
58-1095344 Not Applicable

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

6. Name and Address of Current Registered Agent

**OYLER, DAVID S
600 SUEMAC ROAD
SUITE #4
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE C
NAME OYLER, DAVID
STREET ADDRESS 675 HARTMAN RD., STE. 100
CITY-ST-ZIP AUSTELL, GA 30168

TITLE SV
NAME CURLEE, JAMES
STREET ADDRESS 675 HARTMAN RD., STE. 100
CITY-ST-ZIP AUSTELL, GA 30168

TITLE P
NAME OYLER, DAVID S
STREET ADDRESS 675 HARTMAN RD., STE. 100
CITY-ST-ZIP AUSTELL, GA 30168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000187525
01/24/05-80019-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David S Oyer* 1-4-2005 770-373-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #