


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000085853

1. Entity Name
SELMARK GROUP, INC.



Principal Place of Business 240 WINDWARD PASSAGE CLEARWATER, FL 34630 US	Mailing Address 1001 MOREHEAD SQUARE DR SUITE 300 CHARLOTTE, NC 28203 US
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DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0537919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOCK, SHARON R ESQ
 255 ALHAMBRA CIR
 SUITE 610
 CORAL GABLES, FL 33134**

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 \$550.00
 Due by September 8, 2004**

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

U00000168103
 07/23/04-80010-013 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DREW, DENNIS F 240 WINDWARD PASSAGE CLEARWATER, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ **8/15/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #