

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90187 005 ***150.00

DOCUMENT # P97000004617

1. Entity Name
NEOMARK, INC.



Principal Place of Business
255 PLAZA DRIVE
SUITE A
OVIDO, FL 32765

Mailing Address
255 PLAZA DRIVE
SUITE A
OVIDO, FL 32765



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAGWELL, ROBERT
854 BENTLEY GREEN CIRCLE
WINTER SPRINGS, FL 32708

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAGWELL, ROBERT
STREET ADDRESS 854 BENTLEY GREEN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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

6/30/04

Date

407-366-7505

Daytime Phone #

Attorneys at Law
44647896
Karen R. Copeland and Associates, P.A.
Certified Public Accountants

June 30, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Neomark, Inc. Document #P97000004617

Dear Sir or Madam,

I am enclosing a check payable to the Florida Department of State for \$150.00 for my clients 2004 For Profit Corporation Annual Report. I respectfully request abatement of the assessed penalty for late filing due to reasonable cause.

My client was unaware of the new postcard style of filing the form. Since the form is only filed annually, it was inadvertently missed. Please abate the penalty of \$400.00 for the reason stated above.

I appreciate your consideration in this matter. If you need any additional information, please contact me at 407-365-2909.

Very Truly Yours,



Karen R. Copeland
Certified Public Accountant

Enclosures

cc: Bob Bagwell