


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P97000074680</b> 1. Entity Name <b>HIGH MARK INSURANCE AND FINANCIAL SERVICES, INC.</b>						<b>FILED</b> <b>04 JUL 12 AM 11:02</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b>				Mailing Address <b>500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3465248</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>SANCHEZ JR, HENRY 500 SOUTH FLORIDA AVENUE SUITE 400 LAKELAND, FL 33801</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>400039576084</b> <b>07/27/04--01078--008 **61.25</b> City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO JOHN PENNACHIO 500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/O/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOHN B HART 500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP W. MIKE DANSON 500 SO. FLORIDA AVE., 4TH FL. LAKELAND, FL. 33801 E.V.P./D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARK R WELLS 500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D/A.S./VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D WISEMAN, KENNETH 500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD SANCHEZ, HENRY JR 500 S FLORIDA AVE, 4TH FLOOR LAKELAND, FL 33801</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ARELLAND, CHANO J 540 FRONTAGE ROAD NORTH FIELD, FL 60093</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NORTHFIELD, ILL. 60093</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE: HENRY SANCHEZ JR. / VP</b> <i>Henry Sanchez Jr.</i> <b>6/30/04</b> <b>863-284-1181 x826</b>							

High Mark Insurance and Financial Services, Inc.  
Document Number P97000074680  
Amended 2004 Annual Report

Continuation of Officers and Directors list.

VP

Sherry Holder  
500 South Florida Avenue  
Suite 400  
Lakeland, FL. 33801

VP

Heath Lehman  
500 South Florida Avenue  
Suite 400  
Lakeland, FL. 33801

VP

Kirk Bradach  
500 South Florida Avenue  
Suite 400  
Lakeland, FL. 33801

VP

Carl Maenza  
500 South Florida Avenue  
Suite 400  
Lakeland, FL. 33801



500 South Florida Avenue, Suite 400 ◊ Lakeland, Florida 33801

(863) 284-1181 ◊ Fax (863) 686-1887

Henry Sanchez Jr.  
(863) 577-1910 x. 826  
Fax (863) 577-0118  
HSanchez@Highmarkfs.com

July 5, 2004

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Amended Annual Report

Ladies and Gentlemen:

Enclosed please find an amended Uniform Business Report for High Mark Insurance and Financial Services, Inc., Document # P97000074680. Enclosed, also, is a check in the amount of \$61.25 for the filing fee.

If you have any questions, please call.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Sanchez, Jr.", written over the printed name.

Henry Sanchez, Jr.  
Vice President & General Counsel