



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90396 024 ***150.00

DOCUMENT # P97000074680					
1. Entity Name HIGH MARK INSURANCE AND FINANCIAL SERVICES, INC.					
Principal Place of Business 4740 CLEVELAND HEIGHTS BLVD. SUITE 5 LAKELAND, FL 33813 US			Mailing Address 4740 CLEVELAND HEIGHTS BLVD. SUITE 5 LAKELAND, FL 33813 US		
2. Principal Place of Business 2000 E Edgewood Dr Suite, Apt. #, etc. Suite 109 City & State Lakeland FL Zip 33803 Country USA		3. Mailing Address P O Box 24748 Suite, Apt. #, etc. City & State Lakeland FL Zip 33802 Country USA			
04202006 Chg-P CR2E034 (11/05)					
4. FEI Number 59-3465248				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PUTNAM, ABEL A 500 SOUTH FLORIDA AVENUE SUITE 300 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD PENNACHIO, JOHN J <input type="checkbox"/> Delete 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E. Edgewood Dr, Ste 109 Lakeland FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAWSON, WILLIAM M <input type="checkbox"/> Delete 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E Edgewood Dr, Ste 109 Lakeland FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD WELLS, MARK R <input type="checkbox"/> Delete 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 E Edgewood Dr, Ste 109 Lakeland FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS WISEMAN, KENNETH R <input type="checkbox"/> Delete 4740 CLEVELAND HEIGHTS BLVD., STE 5 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 E Edgewood Dr, Ste 109 Lakeland FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kenneth R Wiseman</i> Kenneth R Wiseman 4/20/06 863-666-8726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #</small>					