


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000074680 1. Entity Name HIGH MARK INSURANCE AND FINANCIAL SERVICES, INC. |  |
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|--|---|
| Principal Place of Business 2000 E EDGEWOOD DR STE 109 LAKELAND, FL 33803 US | Mailing Address POB 24748 LAKELAND, FL 33802 US |
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04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3465248 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent PUTNAM, ABEL A 500 SOUTH FLORIDA AVENUE SUITE 300 LAKELAND, FL 33801 |
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**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPD PENNACHIO, JOHN J 2000 E EDGEWOOD DR STE 109 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DAWSON, WILLIAM M 2000 E EDGEWOOD DR STE 109 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD WELLS, MARK R 2000 E EDGEWOOD DR STE 109 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TDS WISEMAN, KENNETH R 2000 E EDGEWOOD DR STE 109 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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05/03/07-80056-011 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 863-682-8637
Date Daytime Phone #