

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 017 ***150.00

DOCUMENT # P98000049720

1. Entity Name
FEEDMARK, INC.



Principal Place of Business
**643B SW 15TH ST
OCALA, FL 34474**

Mailing Address
**643B SW 15TH ST
OCALA, FL 34474**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3514750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAINES, TIM
125 NE 1ST AVENUE #1
OCALA, FL 34470**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE MD
NAME TOWNSEND, CHRISTOPHER
STREET ADDRESS 643 B SW 15TH ST
CITY - ST - ZIP OCALA, FL 34474

TITLE S
NAME STROUD, JOHN
STREET ADDRESS 643 B SW 15TH ST
CITY - ST - ZIP OCALA, FL 34474

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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

Date

Daytime Phone #

29 Jan 04