

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90169 012 ***150.00

DOCUMENT # P99000070512

1. Entity Name
PROMOTRACK, INC.



Principal Place of Business
3200 TAMiami TRAIL NORTH
SUITE 100
NAPLES, FL 34103

Mailing Address
3200 TAMiami TRAIL NORTH
SUITE 100
NAPLES, FL 34103

34053139



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDO, J. CHRISTOPHER
3200 TAMiami TRAIL NORTH
SUITE 100
NAPLES, FL 34103

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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	P
NAME	LOMBARDO, J. CHRISTOPHER
STREET ADDRESS	3200 TAMiami TRAIL NORTH STE 100
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	THALHEIMER, S.C.
STREET ADDRESS	2269 QUEENS WAY - 3210 31st Ave. S.W.
CITY-ST-ZIP	NAPLES, FL 34112 Naples, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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

Date

Daytime Phone #

Sandford C. Thalheimer 5/4/04 239-774-4412