

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90030 025 ***158.75

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1. Entity Name
TRANSMARK, INC.



Principal Place of Business
**1221 SOUTHEAST 11 AVENUE
DEERFIELD BEACH, FL 33441-5387 US**

Mailing Address
**P.O. BOX 1100
DEERFIELD BEACH, FL 33443-1100 US**

40013174



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0956592

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANDEGRAND, P.A.
GRAND, MARK S ESQ.
3440 HOLLYWOOD BLVD 4010 SHERIDAN ST.
SUITE 450 HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33021

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOUNT, ELIZABETH
STREET ADDRESS	1221 SOUTHEAST 11 AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	OGDEN, JAMES
STREET ADDRESS	3504 0000 LAKE DR. 6143 RIVERWALK LANE
CITY - ST - ZIP	COCOA CREEK, FL 32923 JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/25/08 954-427-9170
Date Daytime Phone #