

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V32141

1. Entity Name
JAMES M. WARK & ASSOCIATES, INC.



Principal Place of Business
**8409 LAND O LAKES BLVD
LAND O' LAKES, FL 34639 US**

Mailing Address
**P.O. BOX 1476
LAND O' LAKES, FL 34638 US**



05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3115780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARK, JAMES M
8409 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639**

**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
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WARK, JAMES M 8409 LAND O' LAKES BLVD LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WARK, MATTHEW J 2508 CHATEAU DR LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. WARK, WENDY R 2508 CHATEAU DR LUTZ, FL 33559
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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07/03/06-80005-006 150.00

**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

6/29/06 (813) 995-2003

Date

Daytime Phone #