

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 042 ***150.00

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**



01312008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	CEO
NAME	WARK, JAMES M
STREET ADDRESS	8409 LAND O' LAKES BLVD
CITY - ST - ZIP	LAND O' LAKES, FL 34639
TITLE	PRES
NAME	WARK, MATTHEW J
STREET ADDRESS	2508 CHATEAU DR
CITY - ST - ZIP	LUTZ, FL 33559
TITLE	V.P.
NAME	WARK, WENDY R
STREET ADDRESS	2508 CHATEAU DR
CITY - ST - ZIP	LUTZ, FL 33559
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: Wendy R Wark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08
Date

813-995-2003
Daytime Phone #