2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000088174

1. Entity Name

MARKETING WORKS, INC.



Principal Place of Business

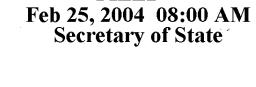
2605 MAITLAND CENTER PKWY

SUITE C MAITLAND, FL 32751-7139 US Mailing Address

2605 MAITLAND CENTER PKWY

SUITE C

MAITLAND, FL 32751-7139 US



FILED



DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3320191

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YARMUTH, ROBERT N 2605 MAITLAND CENTER PKWY. SUITE C MAITLAND, FL 32751-7139

DO NOT WRITE IN THIS SPACE

	,					
the obligati	named entity submits this statement for the pons of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000065788 02/25/04-60051-018 150.00	
10.	ÓFFICERS AND DIREC	CTORS		The second secon		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		** [DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
ntle Name Street address City-St-Zip					ining the second se	
TITLE NAME				· · · · · · · · - · · · · · · · · · · ·	aguer in min	

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 (407)660-8888